moy

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

26. HOUR

NIIIa	Spill of ta MCCAKIN	-		December 19	1, 19	81	10:30p <sub>M</sub>
	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
7	W	MONT	14/02 YEAR	79	YRS.	MONTHS DAYS	HOURS MIN.
RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_		
N.C.	USA	WIDOWE	D DIVORCED	Baltimore	Coun	ty	MD.
TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	128 USUAL OCCUPATION			F BUSINESS OR
OSSVILLE	FRANKLLIN	S	as	(TIPE OF WORK FOR MOST OF	WORKING [I	10 . 4	CRAFT
AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	ALTE MIDDLE	RIVER	YES NO A	6716 N	1. R	IVER	DR
THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
JAMES	STOUT		ADA	MO5		77	
	MED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		LIE OUT
NO	EWAR OR DATES) 244 18	4611	BERNICE	M= CARN		ABO	OVE
18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), one D BY: Cardio-E	dicii	ratory Arrest			BETWEEN	NATE INTERVAL
/ / IMMEDIAT	E CAUSE (o)	cahii	acory Arrest				
4360	DUE TO, OR AS A CONSEQUE	NCE OF					
Conditions, if ony, which	( (b) Cerebrov	ascui	ar accident				
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCEOE					TEXA TO
underlying couse lost.	(c)						
PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to </u>	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	OITION GIV	EN IN PART 110	).
190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
				YES NOX		S 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18.	PART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER		19					
21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CUT 00 101		COUNTY	
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TOV	VΝ	COUNTY	STATE
220.1 certify that X (this hospit	olDec. 19, deceosed from	Dec.	17, 1981	, to Dec 19	,	19_81	hot X (we) lost
sow the dereased alive on obove, it (we) (did) (ad it)	Dec. 19,	, or	nd that in (🌠) (our) apinion (	death occurred on the do	te and hou	or and from the c	ouses stated
226. SIGNATURE	view the body offer deofn.		DEGREE			22c DATE S	SIGNED
Teter	J. Stah	)	ATTENDING PHYSICIAN	MEDICAL STAF		12/19	
Peter J. St	R PRINT)		22e ADDRESS		7 73		
Peter J. St.	anı		9000 Fran	klin Square	Driv	e, 2123	7
URIAL, CREMATION, REMOVAL	1 12 /2 0 /2		EMETERY OR CREMATORY	23d LOCATION			
BURIAL	12/22/81 H	OLLY	HILL	BALTO,	/	UO.	STATE
NERAL DIRECTOR		7. 1	25a DAT	E REC'D. BY REGISTRAR		-	JRE
CEN COM	ELLY 300	10		EC 22 1981	21	()4	Wath
100	- 201 300	1860		E1.77 1881	CHAN	cho y man	A market

oge 3 by the should be filed completely filled is s 1 and 2 should be ove corbon popers. Pages offending r use as the burial-transit permit. Then please remove a Health and Mental Hygiene prior to burial, cremation, or other TO FUNERAL DIRECTOR: After this certificate has been signed morked or item 18 should be detached for useful with the State Dept. of He IMPORTANT: If Item 21 is

CERTIFICATION

MEDICAL

FOR

- STATE

7a. BIRTHPLACE

4. FATHER'S NAME FIRST

3 SEX

REGISTRAR

CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INST 130 STATE 136 COUNTY

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

23a BURIAL, CREMATION, REMOVAL

Nina Sphronia MCCA

DECEASED NAME

BP 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 7b HOUR TYPE OR PRINTI EDITH 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3 SEX DAYS April White 1899 82 Female O BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Baltimore County Connecticut WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY CTYPE OF WORK FOR MOST OF WORKING LIFE Hospital Ret-Stenographer NY, NH & H R.R. Randallstown Baltimore County General USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 113d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Randallstown 8404 Billson Rd. 21133 Mary Land YES [ 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Niles Unknown Pierson Mary Randallstown ADDRESS Md 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) HEYES, GIVE WAR OR DATEST 8404 Billson Rd. James H. McCarthy 705-18-0386 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF includic de sa Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOM 71h TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M LIF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21L LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM, ETC ) NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from\_ Dec. \_\_\_\_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed alive on obove, (I) (we) (did (did not) view the body after death. DEGREE 22h-SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) COMMET 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL Loudon Park Crematory Baltimore City Md Cremation 8728 Liberty Rd. Randallstown, Md 24 FUNERAL DIRECTOR

21133

oring Buers Funeral Directors, Inc.

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL (

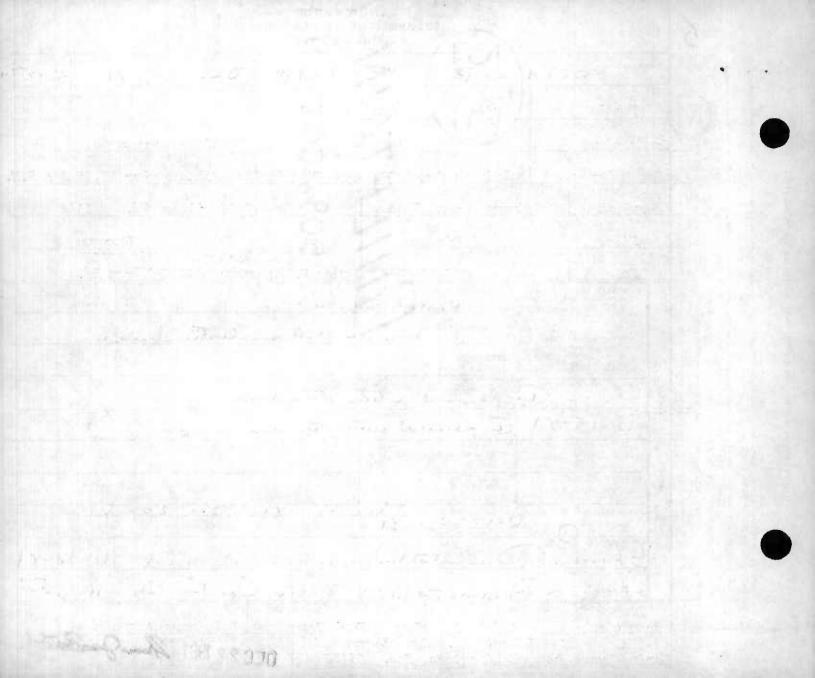
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MPORTANT

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the buriol-tronsit and Mental Hygie

or Item 18



filled in by the

attending physician and campletely ove carbonpopers. Pages 1 and 2 sh

urial, cremation,

ury, or other

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CERTIFICATION

MEDICAL

medical

FOR STATE REGISTRAR

DECEASED NAME TYPE OF PRINTS

Clementina

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

McDANIEL

CERTIFICATE OF DEATH

20. DATE OF DEATH	MONTH	DAY	YEAR	2h HOL	R
December	30,	1981		12:	40 d
6. AGE (IN YEARS LAST BI			RIYEAR	IF UNDER	24 HR5
62	YRS	MONIHS	DAYS	HOURS	MIN.
9 BALTIMORE CITY		Y OF DE	ATH	(2)	

Female	White	Jam. 27 <sup>AY</sup> 1919
BIRTHPLACE (STATE OR FOREIGN CONTRY) York	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION

Y.

10 CITY OR TOWN OF DEA		HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	12h KIND OF BUSINESS OR
Rossville 21	237 Frank	Cincinsque st Hospita	al	Machine Operato	r worden cork
AUSUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE ADMISSION)		4	Seal Co.
Md.	13 Baltimore	Middle River	YES NO YES	13154 ADOFton Rd.	21220
14 FATHER'S NAME FIRST Thon	nas Carosel	last LAST	15. MOTHER'S MAIDEN NAME FIRST Anna	Marove Marove	LAST
160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	

No	-	214 14 0816	William McDaniel, Husband	Same
18 CAUSE OF DEAT PART I. DEATH W	H IEnter only one couse per 'AS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c),  Cardiac Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Canditions, if any, gave rise to improve (a), stating	which (b)	R AS A CONSEQUENCE OF	al Infarction 4-5 Days	
underlying couse	(c)	<u>Ischemic Heart</u>	Disease	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		20b. IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
			YES NO X	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STAT
22n L cortific that M (this harnital)	attended the desented from 12-2	R 10 81	12-30	10 81	about Me formal

220 Lecrtify that <b>X</b> (this haspital) attended the deceased fram_sow the deceased alive an 12-30 page 19 bave, <b>X</b> (we) (and ( <b>XXXXXX</b> ) view the bady after death.	01	, to <u>12–30</u> , 19 <u>81</u> , that <b>★</b> (we) lost eath accurred an the date and hour and from the couses stated
22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Ale K-lay	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 12_30_81

PHYSICIAN SNAME	(TYPE OR PRINT)	22e. ADDRES

R. Taylor M.D.

9000 Frankl	in Square	Drive	21237
METERY OR CREMATORY	23d LOCATION		
of Faith	Baltimore	Co.,	Md.

WECIEVE - REMATION, REMOVAL		231. NAME OF CEMETERY OR CREMATORY	23
Burlal	1/2/82	Gardens of Faith	B

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Funeral Home

PA 1407 Old Eastern AveJAN

STATE

STATE

12-30-81

MPORTANT: If Item 21 is marked ar Item 0 BP.

should be detached far use as the burial-transit permit. Then please rem with the State Dept, of Health and Mental Hygiene prior to burial, crema OR ATTENDING PHYSICIAN: The etained by the haspital or attending physicia FUNERAL DIRECTOR:

DHMH - 16 50M 1/81 (VRA 15, 4)

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	- 18-3 			× ×

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6	1.	FOR STATE REGISTRAR	DEPAR	RTMENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	IENE B I	3 0	979
nay be page 3		CEASED NAME FIRST AVERY	MIDDLE E	MC DC	WELL	20. DATE OF DEATH	12-30 -81	<sup>2b</sup> 10:43am
4 moy	3. SE	× M	4. RACE	5. DATE OF E	BIRTH DAY YEAR OF	6 AGE (IN YEARS LAST BIR	MONTHS. D	YEAR IF UNDER 24 HRS
	12	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED [	NEVER MARRIED	72. 9 BALTIMORE CITY O	PR COUNTY OF DEAT	н
10 10	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	EET ADDRESS)		120. USUAL OCCUPATI	ION 12b. KIN DE WORKING LIFET INDUS	MD.  ND OF BUSINESS OR TRY
D 2120	. الافالي	COWSON  AL RESIDENCE (IF NURS  STATE	ST. JOSEPH HO	ORE ADMISSION)	d INSIDE CITY LIMITS?	SEAM	AN	BEA
MARYLAND 2 ed within 24 mpletely filled ond 2 should	14 FA	MD 3 -		Jo.	MOTHER'S MAIDEN NAM	6225 Y	ORK RD.	
	16n. V	CLINTON VAS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL SEC	WELL	GERTRU	IDE M.	SMITH	LAST
BALTIMORE, cate be executed to a page 3. Page			E WAR OR DATES)			. Mc Dowell	0-3905	Noyes Circle
201 W. PRESTON ST., B. ss that the death certifica led by the ottending phys please remove carbanpap rital, cremotian, at remove or other traumatic event,		Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost	Uly one couse per line for (a), (b), of DBY:  E CAUSE (o)  DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)	DUENCE OF	CARDIAC AR	7	1	PROXUMATÉ INTERVAL LEEN ONSET AND DEATH
VITAL RECORDS, 2  (N): The law require hysician. icale has been signs ransit permit. Then p. Hygiene prior to but 18 shaws ony injury.	CERTIFICATION	COPD) U	196. CONDITION FOR WHICE	H OPERATION W	VAS PERFORMED	Pulcon 200 AUTOPSY? YES NO X	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED ISES OF DEATH?
IVISION OF IG PHYSICIA attending pleter this certif s the buriol-tond Mental	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY WORK AT WORK		19 21	LE HOW INJURY OCCURR  LOCATION STREET	ED (ENTER NATURE OF INJUR		
OR ATTENDIO or ATTENDIO or DIRECTOR. A soched for use Dept of Heal is mit them 21		220.1 certify that X (this hospit sow the deceased alive on above. X (we) (did) (XXXX)  22b. SIGNATURE  220. PHYSICIAN'S NAME (TYPE OF	12-30 It view the body ofter death.	DEG	hat in (m) (our) apınian d	, to 12-30 leath accurred on the do	22c. D	the couses stated  ATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detained the Store (MPORTANT: 1	23a B	GPACITION, REMOVAL	23b. DATE 23c	NAME OF CEME	7620- yor	k ROAD TOWS	ON	
2768 BP		NERAL DIRECTOR	1-2-82		S OR FASTH	CHARTOWN		STATE
DHMH - 16 50M 1 /81 (VRA 15, 4)	A	cattle Mille	- 7527 VAPPRESS	alad (	RJ.	REC'D. BY REGISTRAR	Same Same	- Marth

HARE SEAMANCE SEA BANTO N GORE YOU CONTON TO MCDONELL GERTRISE MY SMITH 213-12-12-14 All Edward A Mc Downle - 3965 Names Circu THE PARTY OF STATE OF THE AUTHORISM STATE OF THE STATE OF

STATE OF MARYLAND

TYU 222 il COE

SOUTH CARCITICA . U.S.A. THE DEPONDED CORP ROWER - T. V. ASTELL COMPE SAUTIMORE X THE CHESTLEBUIG AVENUE D 05 5 RELIVA MARIE SERVICE TOT SERVICE SERVICE TOTAL HOLDER , VALUE, VA LOTE OH . T JALON COTA ANTIO VIVI DISTANCE xxx 12/19 31 x 12/19 31 x 18/61/31

ASHOLK. CHOPRA, D. D. V. A. KIDECAT CERELE, FOR HOVARD, TO PIN POR

DEC 22 1981 Faurus You Thinks

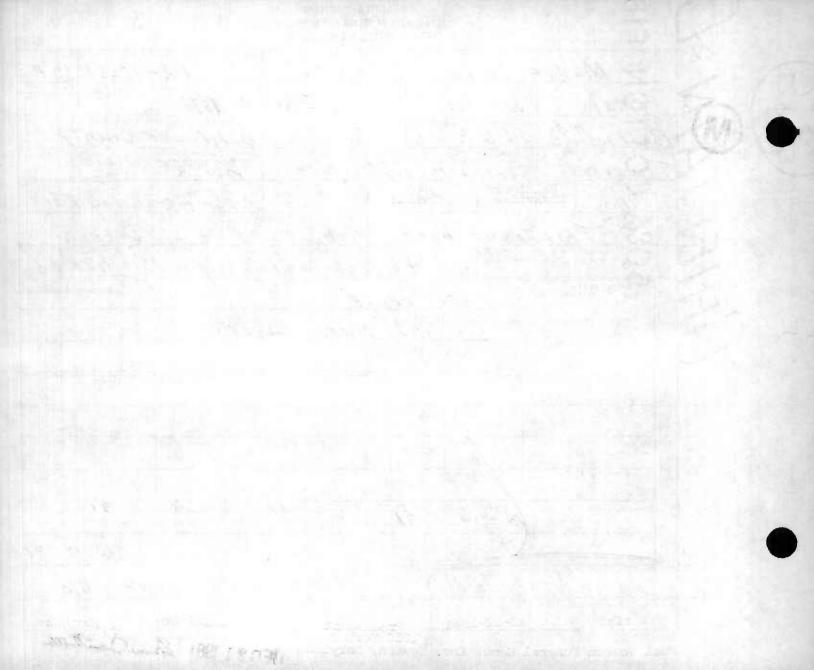
	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1	3098
		CEASED NAME FIRST	WIODIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	LIAN	MICHAE	F. MCGU	INNESS	December	22 1981 12:0
	3 SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE   IN YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER 2.
		ALE	WHITE	03 31 99	82 YR	S
27	7a. B	IRTHPLACE   STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
1	10.6	IRELAND	USA	WIDOWED DIVORCED	BALTIMORE	
5.8		BALTIMORE	ST. JOSEPH	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN WAREHOUSE SUPT	
35	13a.	MD. 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY  LTIMORE  132. CITY OR TOV  BALTIMO	RE YES NOW	13e STREET ADDRESS 623 OVERBROOK	RD. 21212
30	14 F.	ATHER'S NAME FIRST JOHN	MCGUINNE	SS BRIDGET	MIDDLE	BARRETT
medicol		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, O	ARMED FORCES? 166. SOCIAL SEC GIVE WAR OR DATES) 212-03-		ADDRESS GUINNESS 610 TIM	ONIUM RD. 210
r other traumatic event,		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQU	INC ARREST JENCE OF TENSIVE CARDIOL	inscular buse	APPROXIMATE INTERVEN ONSET AND DE INTERVEN
injury, o	NOI	PART 2 OTHER SIGNIFICANT		CHAPIC RELATED TO THE TER		GIVEN IN PART Tra
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CEF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2}
1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC.)	CITY OR TOWN	COUNTY ST
5 1 7 L		saw the deceased alive of	on 12 ~ 22 19 not) view the body after death.	, and that in (my) (see) apinion	n death occurred an the date and	, 19 61 , that (1) (what one from the couses start
ANT. # He		Confliany (	Lewandouxer		MEDICAL STAFF DIRECTOR PHYSICIAN	12 - 22 -
MPORTA		ANTHONY A	LEWANDOWSKI	270 ADDRESS 7402 YOR		on Md 21201
		Burial, cremation, remova ISPECIFY) BURIAL		NAME OF CEMETERY OF CREMATORY EW CATHEDRAL CEM	BALTIMORE A	COUNTY ST.
81		UNERAL DIRECTOR TCHELL-WIEDEFE	LD HOME 6500 YOR		REC'D BY LOS RAR KY EE	STRARY SIGNATURE

MISSAEL SAF MODULES AND JENERAL THE RESERVE TO BE SEEN AS A SECOND OF THE PARTY OF THE PA SALTIMORE COURTY TATATAMENT SOURCE TO SELECT TO SELEC tith .on measure if the The first of a caucal Laboratory of the first and the laboratory

AL RECORDS

DIVISION OF

STATE OF MARYLAND



Eline Funeral Home Reisterstown, Md. 21136

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	,	FOR STATE			DEPARTA		OF MARYLI	AND MENTAL HYG	SIENE 8 1	3	0 9	8 4
		REGISTRAR				CERTIFI	CATE OF D	EATH	REG. N	10.		
		CEASED NAME	FIRST		MIDDLE	LA.	ST		20. DATE OF DEATH		YEAR	26 HOUR
	(TYPE	OR PRINT)	VER	A J.	M	ERRITI			1	2/3/81		1:40A M
	3. SE	X		4. RACE	TANK -	S. DATE O	FBIRTH		6. AGE (IN YEARS LAST BE		NDER I YEAR	IF UNDER 24 HRS
		F	4.5	WHI		монтн	3	98	83	YRS.		HOURS MIN.
DI		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8. MARRIED	XX NEVER A	AARRIED 🗆	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
20		ARYLAND		USA		WIDOWE		VORCED [		MORE COU	JNTY	MD.
24		Towson	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET er Balto	ADDRESS)			120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUGNAKER	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
by	JUSU,	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)			the sensor innesses			
25	130.	MD.	BALTO		136. CITY OR TOW BALTIMORE		13d. INSIDE C	NO X	6304 CBEEL	ANAKARD	21 21	2
16	14 FA	THER'S NAME						MAIDEN NA		UNIA CARD	2525	-
50		WILLIAM		WIDDLE	JOWERS		EM	FIRST MA	WIGDTE		ARNER	
1		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMA	NT	ADDR	ESS	111	
		NO			218-54-4	218B	JAMES	M. MEF	RRITT 6304	BELLONA	AVE.	21212
		18. CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b), and	d (c).1						MATE INTERVAL
		PART I. DEATH W		D BY: [E C AUSE (a)	ACUTE	MYOCA	RDIAL	INFARC	Γ			
		4100	MUNICUIA			NICE OF						
		Conditions, if ony,	which	10,0	ARTER	COSCLE	ROTIC	CARDIO	VASCULAR DI	SEASE		
		gave rise to improduce (a), statir	mediate	te )							1.02	
		underlying couse		DUE TO, O	R AS A CONSEQUE	NCE OF						
		PART 2 OTHER SIGN	NIE IC ANIT	CONDITIONS CO	ONIT DIBILITING TO F	SEATH BUILT	OT BELATED	TO THE TERM	VINAL DISEASE OR CON	IDITION CIVEN	IN L D A DT 1	
	Z		SEPTI(		NATIONAL TO L	JEAIN BOTT	VOI KELATED	TOTALTERM	MINAL DISEASE OR CON	IDITION GIVEN	IN PART IIC	1,
7	CERTIFICATION	190 DATE OF OPERA	TION	19h CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS LISED
/	FIG								YES X ZNOT	IN CERTIFYIN	G CAUSES	OF DEATH?
-	ERT	21a. ACCIDENT WAS UNI	DERLYING [	1 21b. TIME O	F IN ILIPY		21, HOW IN	HIPV OCCUPE	RED (ENTER NATURE OF INJ.	YES 2		NO 🗌
/	_	OR CONTRIBUTING		11-11-11	M. MONTH DA	YEAR	210 110 11 11	JOHN OCCOR	(ENIER NATURE OF INT	JET HATTEM TO FART	OKPARIZ)	
	MEDICAL	216. INJURY OCCUR				19	211 LOCATIO	201				
	MEC		HILE	21e. PLACE ( (AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	214	CITY OF TO	NWO	COUNTY	STATE
		AT WO	RK			12/	J	01	19/9		07	
		22a.1 certify that (I)		10/0	e deceased from	12/		, 19 81	, to12/3	. 19.		that (I) (we) lost
	M	saw the decease above, (I) (we) (c	ed alive an did) (did no		after death.	, and	t that in (my)	(aur) opinion i	death occurred an the d	ate and hour an		
		226.81GNATURE	4	11		D	EGREE	TTENIDING	11501011		12/3	
	. 11	Here	7 /	+1lein				PHYSICIAN [	MEDICAL STA	CIAN X	12/3	1/01
7		224 PHYSICIAN'S N					22e. ADDRES					
/		JOHN E.	. ADAM	is, M.D.			6/01	N. CHAI	RLES ST, TO	WSON, MI	). 212	.04
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF CE	METERY OR C	REMATORY	23d LOCATION			
		BURIAL			7,1981 10				BALTIMORE		YTHUC	STATE
	24. FU	JNERAL DIRECTOR		1 220.	TOTI TO	uuon .	DALK CE	25a. DAT	E REC'D. BY REGISTRAR		POGNATA	MD.
	M	ITCHELL-WI	EDEFE	ID HOME	6500 VOD	V DD	21 21 2	0	FC 9 1981	how	- Jakon	110000
				TIOUE	OJOU IUK	V UD.	21212			The same of	TORK	

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DHMH-16 30M 2/80 (VRA 15, 4)

THE CONTRACTOR OF STREET The save against ago the sile of the annual contract of langua it. and the was continued in . 20206 avidue

	1	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	3 0	7 8 :
		CEASED NAME FIRST BENILE		MIDDLE	1	(MEYERS)	20. DATE OF DEATH	MONTH DAY YEAR 12 /4/81	26. HOUR 845P
(N)	1. 5E	FEMALE	4 RACE CAUC	ASIAN	5. DATE O		6 AGE (IN YEARS LAST BIR	THOAY)  IF UNDER 1 YE  MONTHS DA'  YRS.	
97		RTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
John Story	-	TOWSON OF DEATH	11. NAME OF	HOSPITAL, NURSIN CHEACHITY GIVE STREET	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIFE	F WORKING LIFE) INDUSTI	O OF BUSINESS
hould be	130 5	AL RESIDENCE (IF NURSING HOME OF STATE / 136. COULD NOT STATE	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 130. CITY OR TOW BALTIMO	N	134 INSIDE CITY LIMITS? YES XX NO [	13e. STREET ADDRESS 4214 FALLS	TAFF RD. #	21215
O Comine	14 FA	ATHER'S NAME FIRST	MIDDLE	TEMIN		15 MOTHER'S MAIDEN NA CHANA	MIDDLE	UNKNO	OWN
Poges 1		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECU 220-44-4		17 INFORMANTMRS. 4214 FALLST		VER 1215)	
ermit. Then please reprients to burial, cre	CERTIFICATION	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	(c)_ CONDITIONS C		<u>EATH</u> BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
riol-transit p ental Hygien Item 18 shov		21a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED {ENTER NATURE OF INJU	YES TRY IN ITEM 18 PART I OR PART	NO [
rked or It	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN COUNTY	51ATI
MPORTANT: If Item 21 is ma		220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (**********************************	or) view the bad	1 am 19	, o	nd that in (my) (our) apinion  DEGREE  ATTENDING PHYSICIAN E  22e. ADDRESS 2 435 W. Be	MEDICAL STA	FF 12	ATE SIGNED
should b	23a. E	BURIAL, CREMATION, REMOVAI (SPECIFY)	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STAT
30M 2/80	24 F	BURIAL UNERAL DIRECTOR SOL I NAME 010 REISTE	12-6- LEVINSON	& BROS	INC.	SRAEL 250. DAT	BALTIMORE E REC'D. BY REGISTRAR E C. 1 1 1081	20 EGISTRAFIS SOCI	ALTREAD

DEC 11 1981 Shows Son There

Leonard J. Ruck, Inc. Baltimore, Maryland

- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

hossyllis function for an interest in the distance of the dist Haryland Estalente Perry Hall ex 9.30 Jags House House Antiony of allege vicing the land All send of the water attribute the land the land attribute att. during the 1981 More into temperate the interest to the second Month w. mot, inc. baid ore, cryane

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

etained by the hospital ar attending physician.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	U	U	2	O	
CNO					

BY REGISTRAR 256. REGISTRAR'S SIGNATUR

250 DATE REC'D.

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			
I. DECEASED NAME	FIRST	WIDDLE		AST			DAY YEAR	26 HOUR
(TYPE OR PRINT)	Margaret	В.		Miko		12	11 81	1:55 P <sub>M</sub>
3. SEX	4. RACI	E	5. DATE C		6. AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	WI	hite	Nov	15, DAY 1921 YEAR	60	YRS.	MONTHS DAYS	HOURS MIN.
OUNTRY	TATE OR FOREIGN 76 CIT!	ZEN OF WHAT COUN	TRY? 8	D 🕅 NEVER MARRIED 🗆	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
Virginia		U.S.A.	WIDOWE	Λ	Baltimore	Count	v	MD
ID. CITY OR TOWN	OF DEATH 11. NA	AME OF HOSPITAL, N		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	NC	126. KIND C	OF BUSINESS OR
Towson		MC 6701 N.		s St. 21204	Superviso			Cola Co.
USUAL RESIDENCE	(IF NURSING HOME OR OTHER IN	ISTITUTION, GIVE RESIDENCE		113d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Maryland	Baltimo			YES NO X	8501 D Hea	throw	Court	21236
14. FATHER'S NAME				15. MOTHER'S MAIDEN NA				
FIRST	MIDDLE	tAS	ΣT	FIRST	MIDDLE		LAS	ST
Thomas	BOYER IN U.S. ARMED FO	PCES? TAL SOCIAL	SECURITY NO.	Margaret A	ADDRE	22		
(YES, NO OR UNKNO		DATES)						
No		227-1	2-3162	Stephen J. M.	iko 8501 D.	Heath		
18 CAUSE OF	DEATH (Enter anly one c ATH WAS CAUSED BY:	ause per line lar (o), (	b 1, and (c).)			Marin.	BETWEEN	ONSET AND DEATH
PARTI. DL.	IMMEDIATE CAUS	SE (a) Respin	atory A	rrest				
165	9	JE TO, OR AS A CONS	SECULENICE OF			77		
Conditions, i	Conditions, if any, which ( (b) Metastatic CA of Lung							
gave rise t	o immediate	100						
underlying		JE TO, OR AS A CONS	SEQUENCE OF					
DARK CYLE		(c)				-	1	
Z PARI Z. OTHE	K SIGNIFICANT CONDIT	IONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIV	EN IN PART 1	0 '
190 DATE OF C								
190 DATE OF C	DPERATION 196	CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YING CAUSES	
T L					YES NO X	YE	s 🗌	NO 🗌
210. ACCIDENT		TIME OF INJURY OUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART   OR PART 2)	
OR CONTRIBUTION	G CAUSE OF DEATH  IFY MEDICAL EXAMINER)	P.M.	19					
QIF EITHER NOTING		PLACE OF INJURY		211. LOCATION				
WHILE AT WORK	NOT WHILE AT WORK	HOME STREET, FACTORY, O	FFICE, FARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
22a. I certify t	hot (1) (this hospital) ofte	ended the deceased f	rom12/	7/ 19 81	12/1		19_81	that (I) (we) lost
	deceased alive on	12/11	19 <u>81</u> , or	nd that in (my) (our) apinion	death accurred on the do	ite and hou	r and fram the	causes stated
22b. SIGNATU	(we) (did) (did nat) view t	the bady after death.	7 1	DEGREE			22c DATE	SIGNED
/	- 5	FILE	- ~	ATTENDING	MEDICAL STAF		2 12/1	
794 DHYS WILL	S NAME (TYPE OF PRINT)	aur	2	PHYSICIAN (	DIRECTOR PHYSIC	IAIT	114/1	1/ 01
111111111111111111111111111111111111111		1 1	0		1 1 01	01.00		
	Lynn S. F	eldman, D.	.0.	6/01 N. C	harles St.	21204		
23a BURIAL, CREMA				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
Bu	ırial De	c. 14. 81	Moreland	d Mem. Cem	Baltimore	2. Co.	Md.	STATE

ADDRESS 7110 Belair Road Baltimore, Md

DHMH - 16 50M 1/81 (VRA 15, 4)

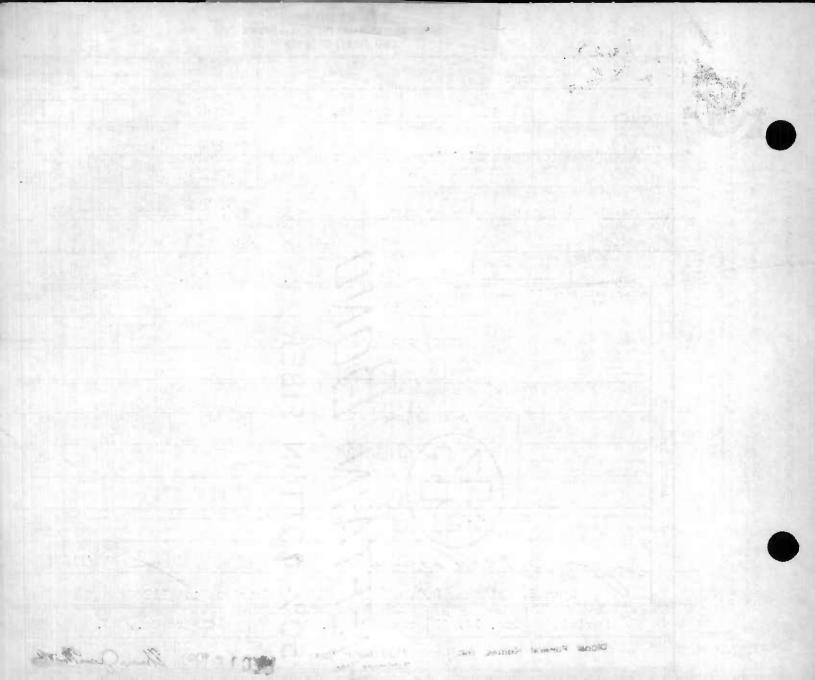
BP.

should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, ar ather traumatic event, the medical

IMPORTANT: If them 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR Funeral Homes, Inc.



			ems 4,5,13a-1 FOR per phone REGISTRAR			AENT OF H	OF MARYLAND CALTH AND MENTAL HYC CATE OF DEATH	SIENE 8	3 0	9 8 8
ne me			CEASED NAME FIRST OR PRINT)		MIDDLE		ST		MONTH DAY YEA	
1 00				GIRL			LLER		12/3/81	1:10p
(PA)		3 SE	Female	4. RACE Whi	te	5. DATE O	/3/81 11:35an	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 Y MONTHS D	YEAR IF UNDER 24 HRS
	35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED D	Baltimore CITY OF		H
s of the solution of the solut	56	10. CI	TOWSON	(IF NOT IN SU	. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Teater Balto. Medical Center  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING				ON 12b. KIN	ND OF BUSINESS OF
filled in bound be filled be filled in bound be filled in bound be filled in both be	35		TATE 13b COL	OR OTHER INSTITUTION JUST 1 to .				13e STREET ADDRESS 21204 306 W. Pennsylvania Ave.		
ed within mpletely and 2 sh	30		THER'S NAME atthew Michae	el Green	LAST		15 MOTHER'S MAIDEN NA  Lydia I	ME		LAST
ficate be executed physician and compopers. Pages 1 gmoval.	T		VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE:	SS	
equires that the deat n signed by the atter Then please remove a tro burial, cremotion,		NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM	vinal disease or cond	DITION GIVEN IN PAR	RT 1(a)
on. hos bee t permit.	1	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES X	
PHYSICIAN: I ending physici this certificate to build-transind Mental Hyg	1	MEDICAL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A	OF INJURY  .M. MONTH DA  .M.  OF INJURY  (REET, FACTORY, OFFICE, F.	19	21c. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJUR	45.139	
TENDING tol or off OR: After or use os the F Health or			WHILE AT WORK  22a.1 certify that (1) (this has sow the deceased alive or			81 900	12/3 19.81 d that in (my) (gur) opinion	, .0	/3 1981	, that (I) (we) las
AL OR ATT the hospinal AL DIRECT detached for ore Dept. of			sow the deceosed alive cobove, (1) (wa) (djd) (did in 22b. SIGNATURE)	met) view the bady	after deoth.		ATTENDING PHYSICIAN [	MEDICAL STAF	22c. D	DATE SIGNED 2/4/81
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I IMPORTANT. III	1		22d. PHYSICIAN'S NAME (TYPE Rudiger Bre		er, M. D.		22e ADDRESS 6701 North	Charles Stre		04
BP			URIAL, CREMATION, REMOVA SPECIFY)	AL 23b. DATE		G.B.		23d. LOCATION CITY OR TOWN TOWSON	Balto	Md.
DHMH-16 30M 2/80			INERAL DIRECTOR		ADDRESS		25 60 6	FREC'D BY REGISTRAR	15h REGISTRAR'S SIG	NATURE

## FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. I	NO.			
1	20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOU
ı	December	17,	1981		6:50

М		CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF D	EATH	HINOM	DAY YEAR	2b HOUR
Ü	1,146	OR PRINT)	GEORGE	FRA	ANKLIN	I MI	LLER		Decemb	er 1	7,	1981	6:50a ,
	1.5E)			4 RACE		5. DATE			6 AGE (IN YEAR	S LAST BIRT	HDAY)	IF UNDER ! YEAR	IF UNDER 24 HRS
		Male		Whit	ce	Mar		1909	72		YRS		HOURS MIN.
p	a BII	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	NEVER	MARRIED -	9. BALTIMORE				
þ	Ma	aryland			S.A.	WIDOW	D D	IVORCED [	Baltin	ore	Cour	nty	ME
	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NU CH FACILITY, GIVE S	JRSING HOME (	OR OTHER INS	NOITUTION	120 USUAL OC				F BUSINESS OR
1		ossvill	e	Frankl	lin Sq	uare H	osp.		Motor			M.T	.A.
5	13a. S	ALRESIDENCE IF A	136 COUN	TY	13c CITY OR Parky		13d INSIDE	NO DE	13e STREET AD 3 Har		11 (	Ct. Ap	t. Al
	14 FA	THER'S NAME					15. MOTHER	S MAIDEN NA	ME				
6		George		E .	Mill		El	la	M	WIDDLE		Hen	ry
		VAS DECEASED EV		MED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORM	ANT		ADDRES	SS		
		Yes	WW		213-1	0-1173	A Emm	a M. M	iller,	3 1	Hare	ebell C	t. Al
		18 CAUSE OF DE	ATH Enter on	y one couse per	line for (a) (b	o, and (c )						BETWEEN	MATE INTERVAL
		PART I. DEATH	I WAS CAUSEI	E CAUSE (o)	Comple	te Hear	t Block	k; Card	i opu Imor	nary	Arre	est	
	100	411.9			PACACONS	FOUENCE OF							-11-2-3
		Conditions, if o	inv which	10,0	Cor Pu	Imonale							
	0	gove rise to	immediate	) (0)-					-				
			use lost	DUE TO, O	R AS A CONS	EQUENCE OF							
		PART 2 OTHERS	ICNUE CANIT C	ONDITIONS C	ONITRIBUTING	TO DEATH BUT	NOT BELATE	D TO THE TERM	INIAL DISEASE S	ON CONTR	UTION C	GIVEN IN PART 11	
	Z	TAKT 2. OTTEKS	IOINII ICAINI C	ONDITIONS C	OMINIBUTING	O DEATH BUT	NOT RELATE	D IO THE TERM	IN AL DISEASE C	OR CONL	OTTON C	SIVEN IN PART III	>
-	CERTIFICATION	190 DATE OF OPE	RATION	TIPH COND	ITION FOR WI	HICH OPERATIO	N WAS PERF	DRMED	200 AUTOPS	SY?	120h IE V	YES, WERE FINDIN	VGS LISED
2	FIC			178. CO.10	WIOTH OK WI	THE TOTE KATO	IV VIAS IERR	DIVINED		-	IN CER	TIFYING CAUSES	OF DEATH?
40	ERT	21a. ACCIDENT WAS	HINDERIVING F	21b. TIME C	VE INTITUDY		Tale HOW II	LILIDY OCCUPA	.50	OX		YES _	NO 🗆
1		OR CONTRIBUTING	_	11-11-11		DAY YEAR	ZIL HOW II	AJORT OCCURR	RED (ENTER NATUR	E OF INJUR	Y IN ITEM II	8 PART 1 OR PART 2)	
	CA	(IF EITHER NOTIFY A		P.	M.	19							
	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY	FICE FARM FTC I	21f. LOCATI			ITY OR TOW	VN	COUNTY	STATE
	<	AT WORK AT	WORK										
		22a.1 certify that	X (this hospit	ol) ottended th	e deceased fr	om Decem	ber 10	. 19.81	to Dece			. 19_81	that X(we) last
h		sow the deci	eosed olive on	December	r 17	19.81, 01	nd that in (	(our) opinion o	death accurred a	on the do	te and h	our and from the	couses stated
H		226. SIGNATURE	40	* Thew the body	oner deom.		DEGREE					22c. DATE	SIGNED
	13.	1	hnald	Tru	edma	M	D	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN	12.	-17-81
ı		22d. PHYSICIAN'S	- ,		IC CO		22e ADDRE						
			Ronald	Friedm	nan		900	00 Frank	clin Squ	are	Driv	ve 21237	
		URIAL, CREMATIC	N, REMOVAL	23h DATE		23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCATIO			COUNTY	STATE
		Buria	1	Dec.19	,1981	Park	wood		Balti	mor	е	Coom	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Ihem 21

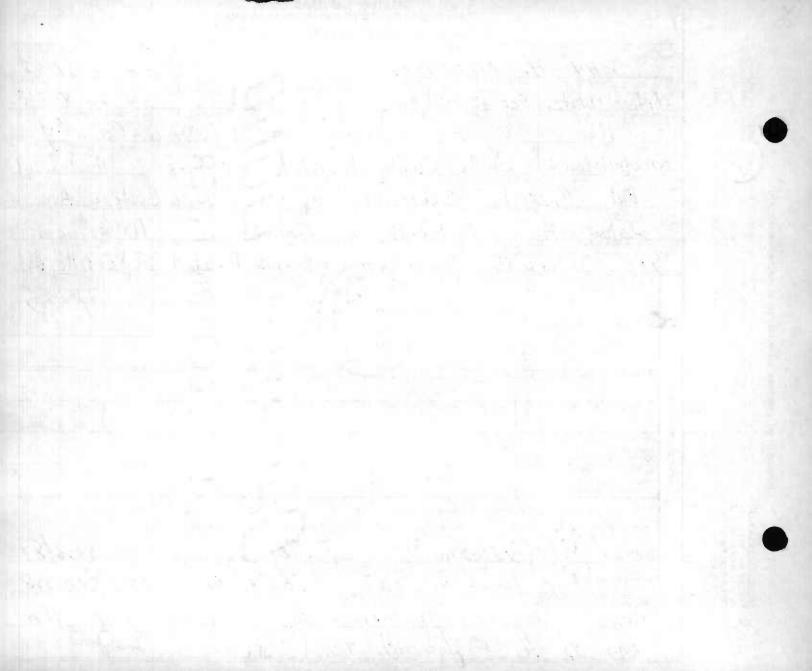
Burial Dec.19,1981 Parkwood

ROBERT C. ALTENBURG FUNERAL HOME, INC.
Balto., Md. 21214

The first of the f The state of the s THE REPORT OF THE PARTY OF THE Sovetrac (SOC, Orlege Crews)
.Tal Land Hammar Southern A. Bracker (1977)
.Tal Land Hammar Southern Co. 1977 (1978) OF DE THE SAME OF THE SE

HOUSE KEEPER PRIVATE HOW The state of the s

*		FOR		TEALTH AND MENTAL HY	GIENE	70001
		STATE REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE OF	DEATH REG. I	NO.
		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HOUR
PLEASE ECTOR. ? FILES. HOURS	3. SEX	JOHN 17	DATE OF BIRTH 6. AGE (IN YEA	RS   IF UNDER 1 YR.   IF UNDER 24	DEATH MATED	MONTH DAY YEAR 24 HOUR
	3. 36/		MONTH DAY YEAR LAST BIRTHDA	Y) MONTHS DAYS HOURS A	HRS. 2c. DATE NIN. PRONOUNCED DEAD	12 26 1981 1129 M
ESSARY, ERAL DIR OR YOUR PESTON	Ja. B	RTHPLACE (STATE OR REIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	BALFIMORE CITY	OR COUNTY OF DEATH
U#05875		114.	U.S.A.	WIDOWED DIVORCED	D / 07/- 8	T. CORNSIG MD
CHARLES S	K	AndAllstown	1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE Y REET ADDRESS)	OR OTHER INSTITUTION II	O. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)	YPEOF WORK 12b. KIND OF BYSINESS OR INDUSTRY
21201 # ANY 2, AND 3. RETAIN SHOULD L' RECORD	130. S		other institution, give residence before admissing the company of	13d. INSIDE CITY LIMITS? 15	Be STREET ADDRESS	College Ave
DRE, MD. 2 AGES 1, 2, RM PM 3, 1 AND 2 S 1 OF WAR	14. F/	THER'S NAME	MITCHELL	TR SARA	NAME	Mc fallen
AFTER IVE PAR IVE PAR	16a. V	VAS DECEASED EVER IN U.S. ARME IS, NO, OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166. SOCIAL SECURITY 212 65 76		Mitchell ,	Sikeslike M.
		18. CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B		VDO		APPROXIMAJE INTERVAL BETWEEN ONSET AND DELITH
W. PRESTON ST., D WITHIN 24 HOL EENCI, IN ITEM 18 AMINER ALONG 7 TRANSIT PERMIT. FENTAL HYGIENE, I REMOVAL.		4292 IMMEDIATE	( DUE TO, OR AS A CONSEQUENCE C	OF.		943
WITHIN WITHIN ACIL IN INER A RANSIT TAL HY MOVAL		Canditians, if any, which gave rise to immediate	(b)	17.		
AL RECORDS, 301 W. PRESTON ST. HOULD BE EXECUTED WITHIN 24 HO D. "PENDING" IN PENCIL IN ITEM 1 HIEF MEDICAL EXAMINER ALONG USED AS A BURAL:TRANSIT PERMIT DE HEALTH AND MENTAL HYGIENE, LICREMATION, OR REMOVAL.		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE C	DF		
EXEC ING" ING" ING" ING" ING" ING" ING" ING"	1	PART 2 OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVEN IN PART	[ (a).	
RECORDS ILD BE EXI PENDING F MEDIC, ED AS A E HEALTH A REMATIO	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER.	ATION WAS PERFORMED?		20. AUTOPSY?
VITAL REGISTROULD ORD "PEP ABE USED IT OF HEARING FRIAL CREATER	TIFIC					YES NO
DIVISION OF VITAL RECORDS, 301 S CERTIFICATE SHOULD BE EXECUTE STING THE WORD "PENDING" IN PROED TO THE CHIEF MEDICAL EX. E 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND MINERAL TO BURIAL CREMATION, OR		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ATH P.M. 19	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
BIVISION OF VITA  E. WRITING THE WOR  RWARDED TO THE CF.  PAGE 3 SHOULD BE L  STATE DEPARTMENT OF  21201 PRIOR TO BURIANT  A. THE CF.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
<b>≈</b> ⊢ ○ <b>~</b> ``		//-	of the remains described above, held an			ond in my opinion
L EXAMINER: E CERTIFICATE, OUID BE FOR H, WITH THE S: MARYLAND, 21		death resulted trying Satural	couses : Accident : Sui	TALE (SPECIFY	Undetermined manner	DATE (1 6/15/
CAL THE SHO SHO SHO SHO SHO SHO SHO SHO SHO SHO		SIGNATURE	Manuson	M.D. STURY	MEDICAL EXAMINER	SIGNED 176/8/
₹ S H E E E		EXAMINER'S NAME (TYPE OR PRINT)	W.L4 ALASON	N ADDRESS 355	1 1ALTO. [	AT 151621228
BAT D PAC	23a.B	URIAL CREMATION, REMOVAL 235	2-29-8/ 23c. NAME OF CEA	Eland Center	23d. LOCATION CITY OFFICEN	Carriel Tha.
DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECTOR	the frequest but with	SOL DATE RE	C'D. BY RIGISTRAR 255. RE	GISTRAR'S SIGNATURE
30M 7/73		HUEBY CU! 1	cugin somewill	11th	6 9 1301 4	P. C. Samerall



nding physicion and completely corban papers. Pages 1 and 2 th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEKITI	TICALE OF DEATH	REG.	NO		
	ECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
(17)	HICK	HARZ F		MONAST		12	15 81	. 63
3. SI		4 RACE	5. DATE (		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEA	
	Male	Whit.	e 8	BAY YEAR	89	YRS.	MONTHS DAYS	5 HOURS MIN
70. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	Conn.	U.S.A.	WIDOWI		Baltimore	2 Coun	tu	A
, 40. C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12a. USUAL OCCUPA	ATION	12b. KIND	OF BUSINESS O
	LANDALLSTOWN	BAZTIHORE G	OUNTY GER	u, HUSP,				ctricia
130.	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU		OR TOWN	13d. INSIDE CITY LIMITS				
Ma	myland Be	zes. Rand	lallstown	YES NO.	? 13e. STREET ADDRES	5 LUM	OD RD	
14 F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN	NAME			AST
1	Amandent	Monast		Mary	Higgins			
16a	WAS DECEASED EVER IN U.S. AT		AL SECURITY NO.	17. INFORMANT MY.	and Mrs. 78	Chard	Montal	to
	Yes WW	Z O27	-10-0307	3906 Lumo R	oad Randali	stown	. MD. 2	1133
	18 CAUSE OF DEATH (Enter o	nly one couse per line for to					APPRO BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
		TE CAUSE (o)	noho-re	spinahon (	ancel.			
	1850	DUE TO, OR AS A CO	NSEQUENCE OF				- 14	
	Conditions, if ony, which gove rise to immediate	(b) Ca	of pro	ostate				
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF				100	
		(c)						
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TI	ERMINAL DISEASE OR CO	NDITION GI	IVEN IN PART I	1(01
CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ANI WAS DEPENDAMED	20g AUTOPSY?	Jank 15 VI	ES, WERE FIND	MICCHEE
FIC	I.M. DATE OF OTERATION	170 CONDITION	WINCH OFERANO	NAS PERFORMED		IN CERT	IFYING CAUSE	ES OF DEATH?
1 1	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c HOW INJURY OCC	VES NO		res	NO 🗆
	OR CONTRIBUTING CAUSE OF DE				(EMERICAL OF I	JOK! IN IIEM TO	TAKI I OKTAKI 2)	
MEDICAL	21d. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION				
¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	r. OFFICE, FARM, ETC )	STREET	CITY OR	TOWN	COUNTY	STATE
	22a.1 certify that (I) (this hosp	ital) attended the deceased	from 12 9	19 =	8/ 10 12 1	5	19 8/	, that (I) (we) la
	sow the deceased alive or	nat) view the body after deot	19, or	nd that in (my) (our) opin	ion deoth occurred an the	date and ho	our and from th	
18	22b. SIGNATURE			DEGREE	- 9 - 1		22c. DAT	TE SIGNED
	Tehnola	G. Adau	u i	MAD ATTENDING		AFF	12.	15.81
1	22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS				
	YEHUDA G. 1	ADAM MD.		BALTHORE	COUNTY C.	en. H	08P.	

BP.

TO FUNERAL DIRECTOR:

MPORTANT: If Hem 21

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial 23b. DATE

23t. NAME OF CEMETERY OR CREMATORY

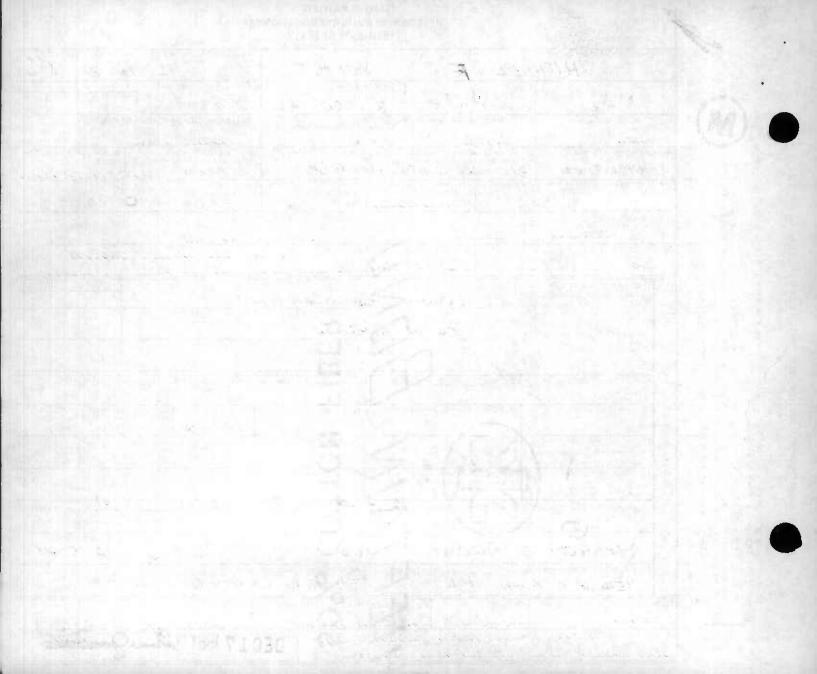
23d. LOCATION CITY OR TOWN

COUNTY STATE

Durial 12/21/81 St. Johns Cemetery

14 FUNERAL DIRECTORDING Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, MD. 21133



STATE OF MARYLAND

Item 23b g566 4/21/82 gj

to the public att a sta 1 1 , - . . . 3-11-4. , 11 THE PROPERTY OF THE PARTY OF TH TUBLER VESTRE MESS OF BUILD Dec. 29, 17 81 Let. 29, -- 01 0,01 . C. IL. S., TARSU, IL 212. way was the state of the state DEC 3 7 1981 Filmus Ca. Mittel

	1	FOR		STATE OF MARYLAND	8 1	30994
4 1	1	STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. N	
1 /0	1. DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
8 26	(TYP	DOLORES	TEAN MOI	RROW	DEC. 11	1981
Total Day	1.58		RACE S. D	ATE OF BIRTH	6. AGE (IN YEARS LAST BET	
- NASA E	L	F	W	MONTH 6 36 YEAR	4-5	MONTHS DAYS HOURS MIN
MIAI) P		OUNTRY)	CITIZEN OF WHAT COUNTRY?	ARRIED   NEVER MARRIED	A BALTIMORE CITY O	R COUNTY OF DEATH
	4	MD.		OOWED DIVORCED	BALT	O, COUNTY MD.
1 1 100		ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS LOS LORBAINE	(5)	128 USUAL OCCUPATION OF OF WORK FOR MOST O	
2 52 501	USU 130	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13% COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS	134 INSIDECITY LIMITS2	13r. STREET ADDRESS	
1 11 15	1	MD. BAK		YES NO	1205	LORRAINE AVE
d with	14. F	ATHER'S NAME FIRST MIDO	DLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
complete the control of the control	V	VILLIAM J.	MORROW	JOSEPHINE	JEON	VERAL SKI
be executed and consider the me		WAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SECURITY I	NO. 17 INFORMANT	ADDRE	ESS
TIM te be lan a . Pag		VNK	416-32-71	36 DESEPHINE	MORRON	
Ifica lysici ppers loval ever		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one cause per line far (a), (b), and (c).	1 /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., cert cert in pa rem		IMMEDIATE C	Mar. ITATI	breast cance	r	7 years.
death ce ending p carbon p on, or rei		1149	DUE TO, OR AS A CONSEQUENCE	OF		
S a tagin		Canditions, if any, which	(b)			
that the the cremon cremon or other		couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF		The second
res the ed by ease rial, c		underlying cause lost.	(c)			
n signi hen pl to bu	Z	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
BCOR as bee mit. T prior was ar	Ť	190 DATE OF OPERATION	1% CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
sh eee	Ĭ				YES NOT	IN CERTIFYING CAUSES OF DEATH?  YES NO
< Z = 0 0 0	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR		
SIC SIC IVS		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY Y	YEAR		
IG PHY ding phy ding phy er this ce burial and Men nd Men	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
VISIC ING IEEE T The bu and narked	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, E	TC) STREET	CITY OR TOV	WN COUNTY STATE
OR: /		22a.l certify that (I) (this hospital)	ottended the deceased from	, 19 79	to_ Decem	Oct 11, 19 81 , that (1) (we) lost
ATT Pital of ECTG for us of H em 21		sow the deceased alive on obove, (1)-(we) (did) (did not) v	Nov. 13 19 81	and that in (my) four) opinion	death occurred on the d	ote and hour and from the causes stated
DIRE Dept.		226. SIGNATURE	1 /	DEGREE		22L DATE SIGNED
TTAL y the h RALE detach trate D		(Mul C	lieus mos	ATTENDING PHYSICIAN	MEDICAL STA	IAN [ 12/14/81
HOSPITAC ined by the FUNERAL uld be detected of the State (		224 PHYSICIAN'S NAME (TYPE OR PR	INT)	22R ADDRESS	0 /	
		Paul Cha	ms, mx	600d 8	amoritan	Hospital, Batto, Mid
TO Teta	23a.	BURIAL, CREMATION, REMOVAL	236 DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	C	REMATION	1 2/11/6. 1053	U HEART OF MAR	BAL	TO MA
DHMH-16 25M	24. F	UNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR	25b. REGISTRAS SIGNATURE
(VRA 15, 4) 1/79	J	. E. CONVEL			EC 15 1981	Cipsocas Jam Ballon

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	Ite	ems 23a to 23d	g566 4/21/82 gj	STATE OF MARYLAND	9 1	7 0 3 3
4	1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	5 0 9 9
0 85		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
may b	3. SEX	Victor	1 RACE	5 DATE OF BIRTH	6 AGE   IN YEARS LAST BIRTI	
age 4		F	Caw.	MONTH DAY YEAR	80	MONTHS DAYS HOURS
Segur.	7a. Bil	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		more County
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an and co Pages 1 a		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU EWAR OR DATES] 214-14-16		RELOKUS	SS  APPROXIMATE INTERVENIONSET AND D
ss that the death cert by the attending ph sse remove carbon pa al, cremation, or rem ', or other traumatic	7	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	MONIA	HRRES	4 DA!
sw require een signed Then plea or to buri any injury	NO	PART 2 OTHER SIGNIFICANT	0	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART Tra
The la	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT. YES NO
PHYSICIAN: ng physician. this certificate urial-transit pe Mental Hygiet d or Item 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
ENDING PHor attending DR: After thise as the burilealth and Miss marked of	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.] 211 LOCATION STREET	CITY OR TOW	N COUNTY STA
AL ON ATT the hospital of AL DIRECTO tached for us to Dept. of H			ital) attended the deceased fram- DEC 2719 it) view the body after death.	DEGREE	death accurred an the do	te and haur and from the couses state  22c. DATE/SIGNED    22c. DATE/SIGNED    22c. DATE/SIGNED
TO HOSPITAL retained by the TO FUNERAL should be deter with the State! IMPORTANT:		220 PHYSICIAN'S NAME (TYPE OF RICHARD W	-	MD 8100 HAR		
				NAME OF CEMETERY OR CREMATORY	23d LOCATION	

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managed that read of the second of the secon Hetaliers to the Graphic Science Have assured to the Objection has temperate 7 77 Francisco P. 12. . All specific a policy will be seen a refrest 18/05/01 the planette page of A Light | decomprising a light colored to make a minimum of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH 25 HOUR (TYPE OR PRINT) 12-28-81 Jessica M Murawski 10:43 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAYL IF LINUXED 24 MBG IF UNDER LYEAR 81 705" 08 White Female 20 To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States Maryland Baltimore County WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORKER MOST OF WORKING LIFE) 50 Scott Adam Rd. Cockeysville UDUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Harford 207 Kensington Parkway NO K 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME E Kay Murawski James Maureen M. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 50 Scott Adam Rd. Jose A. Aguto, M.D. no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. Congenital Heart Disease DUE TO, OR AS A CONSEQUENCE OF Single Ventricle Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Mitral Valve Atresia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC ) STATE Death 220.1 certify that (1) (this hospital) attended the deceased from \_\_\_\_\_ Ripth saw the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 77h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 12-29-81 PHYSICIAN TORECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Jose A. Aguto.M.D. 50 Scott Adam Road Cockeysville Md. 21030 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 12/29/81 St. Francis Abingdon Harford 250 DAN PAC'D. BY RECUSTRATION THE CAN BE STATISHED

ADDRESS

DHMH - 16 50M 1/B1 (VRA 15, 4)

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MPORTANT

24 FUNERAL DIRECTOR

NONE

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1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8   REG. NO.	30999
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
"	YPE OR PRINT) Chri	stina	Murphy	12	14 81 8:00p M
3 :	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	11 10 1876	105 YR	MONTHS DAYS HOURS MIN
oj 70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	7 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
\$	Illinois	USA	WIDOWED DIVORCED	□   Baltimore C	ounty MD.
P 10.	CITY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
2/0	Catonsville /	Little Sisters	of the Poor	Asst. Manager	
g US	BUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 13c. CITY OR TO	ORE ADMISSION) WN 113d INSIDE CITY LIMITS		
33		ington Arling		North Wayn	
14	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		
	Peter	Murph	1 1101	MIDDLE	Buckley
2 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
2	no	321-07-	-8988   Betty Boro	erding 1817 Went	worth Rd. 21234
8 shows ony injury, or other traumotic eve	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ  DUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO	nquen of Gold	20a AUTOPSY? 20b. IF	AS COD.  GIVEN IN PART 1(0)  YES, WERE FINDINGS USED  REIFYING CAUSES OF DEATH?  YES NO NO
8 × × ×	210. ACCIDENT WAS UNDERLYING			CURRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
7 3	OR CONTRIBUTING CAUSE OF D	CATH	19		
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOC ATION STREET	CITY OR TOWN	COUNTY STATE
SEL ANI: II REM ZI IS MO	sow the deceased alive of obove. (I) (we) (did) (did of obove.) (I) (we) (did) (did of obove.) (I) (we) (I) (we) (I) (we) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	Ceef Grken	DEGREE  ATTENDING PHYSICIAN  1220. ADDRESS	oion death occurred on the date and  G MEDICAL STAFF  N DIRECTOR PHYSICIAN   Len Cleared La.	12.15.87
IMPORTANT	STANLEY	ANKLUAS			( sect. every,
730	BURIAL, CREMATION, REMOVA (SPECIFY)		NAME OF CEMETERY OR CREMATO	CITY OR TOWN	rfax Virginia
7 24	Burial FUNERAL DIRECTOR		Calvary Mem. Park	DATE REC'D, BY REGISTRAR 254 REC	rfa Virginia
	Hubbard Funeral	Home Inc 4107	21229	DEC 17 1981 Chen	no Jan

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220 H. St., NE	3	Washinston		
Perkins	4.2.3	रंगि यह		19269
. 601 Maiden Choice Lane, B	La company Company	8899-50-10		

DEC 17 1981 Character Control of the Character Character

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Myers

5. DATE OF BIRTH

12a USUAL OCCUPATION

126 KIND OF BUSINESS OR

CERTIFICATE OF DEATH

Ellwood

White

REG. NO

20. DATE OF DEATH 2h HOUR 12 87 8:02a.M & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH

a. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? U.S.A. D. CITY OR TOWN OF DEATH

Baltimore

WW II

18 CAUSE OF DEATH (Enter only one cause per line fair

PART I DEATH WAS CAUSED BY

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Robert

WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Baltimore County General Hospital

14

MARRIED XX NEVER MARRIED

13d INSIDE CITY LIMITS?

Ada

15 MOTHER'S MAIDEN NAME

INDUSTRY Plumbing Estimator 13e STREET ADDRESS

Baltimore County

9702 Southall Rd.

MD 14 FATHER'S NAME George

- STATE

(TYPE OR PRINT)

SEX

REGISTRAR

Male

Randallstown

YES, NO OR UNKNOWN

DECEASED NAME

MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

16h SOCIAL SECURITY NO 212-12-1146

Randallstown

Myers

Mrs. Grace Myers 17. INFORMANT 9702 Southall Rd. Randallstown. MD

27

Belt

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

Conditions, if ony, which couse ta, stating the underlying couse last.

19n DATE OF OPERATION

21d INJURY OCCURRED

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

DUE TO, OR AS A CONSEQUENCE OF

AT HOME STREET FACTORY, OFFICE FARM ETC )

DUE TO, OR AS A CONSPOUENCE OF

P.M

21e PLACE OF INJURY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT

21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

CITY OR TOWN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

NO [

220.1 certify that (1) (this hospital) attended the deceased from

Leonard Golombek, M.D.

22e ADDRESS

ATTENDING

MEDICAL

and that in (my) (aur) opinion death occurred an the date and haur and from the causes stated

20n AUTOPSY?

NO

PHYSICIAN DIRECTOR PHYSICIAN

5400 Old Court Rd. Randallstown, MD 21133

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL 236. DATE Burial 12/7/81 23¢ NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery

21133

DEGREE

Elkridge

Howard

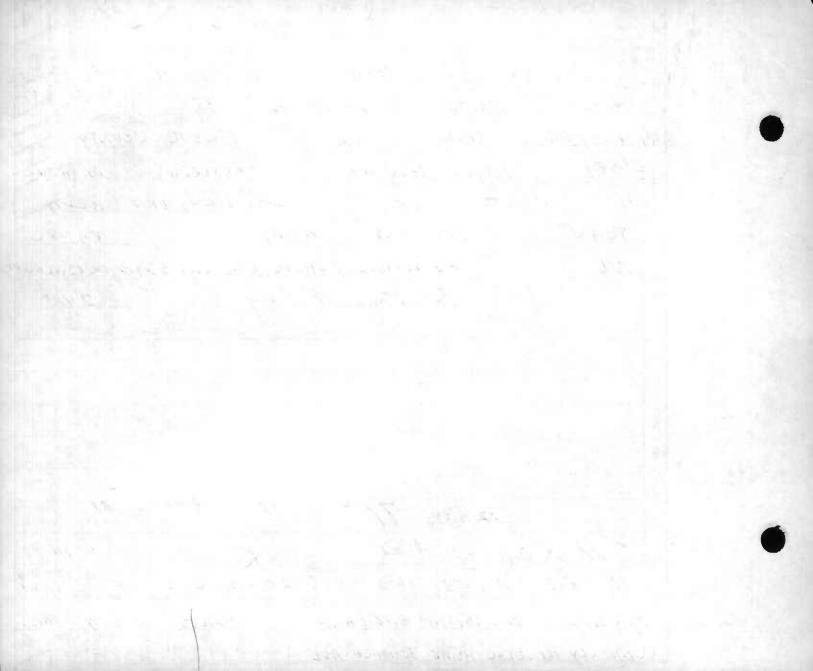
DHMH - 16 50M 1/81 (VRA 15, 4)

should be

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 50 DATE REC'D. BY REGISTRA 8728 Liberty Rd., Randallstown, MD

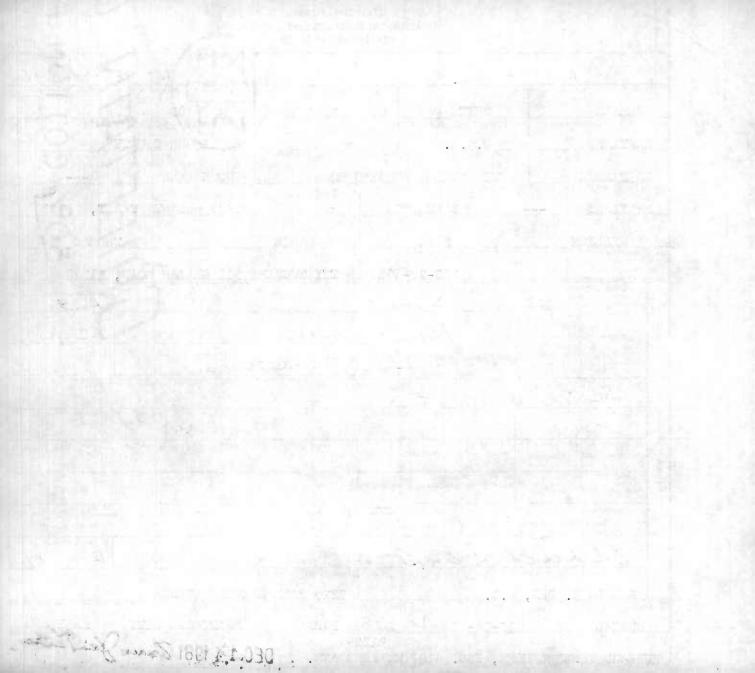
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	1			STAT	E OF MARYLAND		-	
	A-	FOR STATE	DEP		EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8	3 1 0	) 0 1
100		REGISTRAR				REG. NO		
		CEASED NAME FIRST OR PRINT)	WIDDLE		AST		MONTH DAY YEAR	26 HOUR
1		WALTE			DOL NV	/	11-13-81	605 AM
1	3 SE	X .	4 RACE	5. DATE C	F BIRTH /	6 AGE (IN YEARS LAST BIRT	HDAY) FUNDER I YEA	
1	_	MALE	White	6	- 15 - 96	85	YRS	J HOOKS MAKE
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	119	190	497	WIDOWE		13440	COUNTY	MD
I	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C	ROTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST OF	ON 12b KIND	OF BUSINESS OR
1	. 6	ESSEX	RIVER VI	EW N.	H.	RETIRED		DRIVER
7	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
2		MD. 13,	7250, ESS		YES NO	107510	ERN BL	-VD
20	14 FA	THER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEN NA			
1		JUITN		OLNY	MARV	WIDDE	KA	SPER
1		VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRE	.\$S	
		NO	212-	20-4503	CARVEL	VADOLNY S	529 BACK 1	TVER MECK
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE			0 0		APPRO	OXIMATE INTERVAL
			TE CAUSE (a)	cencono	of lun	e e	2	420
		1659	DUE TO, OR AS A CONS	EQUENCE OF	1	First Inches		1
		Conditions, if ony, which	( ,b)	SEQUEINCE OF	0			
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF				
	Ħ	underlying cause last	(6)	SEQUENCE OF				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
	CERTIFICATION							
3	CAT	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED
	TIFE					YES NO	YES	NO [
2	CER	210. ACCIDENT WAS UNDERLYING		1 DAY YEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	)
	CAL	OR CONTRIBUTING CAUSE OF DEA	K107	19				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	SEICE SARA STC	21f. LOCATION	CITY OR TOW	n County	STATE
	2	AT WORK AT WORK	(ST HOME, STREET, FACTORT, O	TINE, FARM, EIC.)		C OK 104	COOM	SIAIE
		220.1 certify that (1) (this hospi		rom 70	ec. 1977	to/3/10	Ve 1981	, that (I) (we) last
		sow the deceased alive on	type the body ofter death.	19 8/ or	d that in (my) (our) opinion	deoth occurred on the do	ite and hour and from th	ne couses stated
		226. SIGNATURE	The body offer deoffi.	40	DEGREE		22c. DAT	TE SIGNED
		- 10 K	niness 1	na2	ATTENDING PHYSICIAN	MEDICAL STAF	F   11-	14.87
П		22d. PHYSICIAN'S NAME (TYPE O	OR PRINTY	60	22e ADDRESS	SINCE ON B THIS CO.	P.	Oto a R
		MORRIS	KAINESS	MO)	1105 040	EASTERN	AVE "	- 12-21
	23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		61-1
	(	BURIAL	WOV. 15, 1981	OAKL		BALTO	COUNTY	PAN
		INERAL DIRECTOR			250. DAT	E REC'D, BY REGISTRAR	25b. REGISTRARY SIGN/	ATUREA /
	1	NAME DAINELLY HA	ADDRE	SS Zanmar		01 1 7 1001	Thenes Va	n lather



y	1 - STA REG					ERTIFIC		MENTAL HY	GIENE O	REG. NO	ن	1 0	0 %
The state of the s	1. DECE ASI		FIRST	MIDDLE		LAST	-		20. DATE C		MONTH	DAY YEAR	2b HOUR
nay be page 3	TYPE OR PRI		LLTAN	Δ		NECKI	G.D.			1	2-	10 -81	8454
	3 SEX	111.	4 RAC	E	5.	DATE OF	A Australia		6 AGE (IN	YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	प्रम	MALE		WHITE		MONTH 09	25	1898	1	83	YRS	MONTHS DAYS	HOURS MIN.
	Je BIRTHPL	ACE (STATE OR FO	REIGN 76 CIT	IZEN OF WHAT CO	OUNTRY? 8				9. BALTIM			Y OF DEATH	
(1) 有 35	MAR	YLAND		U.S.A.		MARRIED I		MARRIED _	RATT	IMORE	COIN	יוויע	440
- P		TOWN OF DEATH		AME OF HOSPITA	L, NURSING H	HOME OR				OCCUPATIO			F BUSINESS OR
ours off	RAT'	TIMORE	(IF	PIKESVII		- 1	HOME			RK FOR MOST OF		IFE) INDUSTRY	
212 nours	JUSUAL RES	IDENCE (IF NURSAN	G YOME OR OTHER IT	STITUTION, GIVE RESID	ENCE BEFORE ADA	AISSION)							
ND 24 F	130 STATE		& COUNTY		Y OR TOWN LT IMORE		YES X	NO	13e STREET		TSZ CIT	क्षाच्या व	1000
YLA inthin thin tely for 2 sho	14 FATHER	YLAND 'S NAME		I DAI	LI IMOKE			S'S MAIDEN N.		DULAN	AT PT	KEEL, Z	1223
300 and		FIRST	WIDDIE	D.7	LAST	130		FIRST		WIDDIE		TAS CAS	,
S S S S S S S S S S S S S S S S S S S		WTLLTAM ECEASED EVER IN	U.S. ARMED FO		CE CIAL SECURITY	YNO I	7. INFORM	MAMIE		ADDRES	SS	THOMAS	
MORE e execu	(YES, NO	OR UNKNOWN)	( IF YES GIVE WAR O	R DATES)									
ALTIV	N				9-20-66		BET TY	TUCKER	311	GRALAN	ROA		
ficot ficot pop pova ent, t	18 C	AUSE OF DEATH ART I. DEATH WAS	Enter only one of S CAUSED BY:	couse per line for		7						BETWEEN	MATE INTERVAL
central ng p ban rem	,	MILE	MMEDIATE CAU	SE (0)	seps	13						Her	20
TO oth	1	147		JE TO, OR AS A	/	E OF	200	00				113	Alk
e de de movement de frontion		ditions, if ony, we rise to imme		(b)/>	rea	V C	27-1	cen			-	1-6	gro
W. P	cou	se (a), stating erlying couse	41 4	JE TO, OR AS A CO	PHISEOMENS	FOF	11	e fa	to a				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratherding physician.  When this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Memal Hygiene prior to burial, cremotion, or removal.  On the shows ony injury, or other traumatic event, the medical examined must be not a shown on the statement of the shown only injury.				(c)	177	uno							
ayuire signi hen g o bu jury.	Z PARI	2. OTHER SIGNIE	CANT CONDI	TIONS CONTRIBU	TING TO DEA	TH BUT NO	OT RELATE	D TO THE TER	MINAL DISEA	SE OR COND	ITION GI	VEN IN PART 110	r
OR Control of the Con	CERTIFICATION 13 To 10 T	ATE OF OPERATIO	N III	CONDITION FO	A MAICH ON	EDATIONI	A/AC DEDE	OBMED	20a AUT	OBSV2	201 IE VE	S, WERE FINDIN	CCUCED
REC no berm ne pri	J. P.	home		E CONDITION FO	N WHICH OF	ERATION	WAS PERF	OKWED	W 50 V	11	IN CERTI	FYING CAUSES	
VITAL R  I.N. The h  rysicion.  icate has  ransit pe  Hygiene  Hygiene	¥ 210	ACCIDENT WAS UNDER	1	TIME OF INJURY	/	12	Is HOW!	ALILIDY OCCU	YES	NOX		ES 🗌	NO 🗌
SION OF VI	00.0	ONTRIBUTING CAL		OUR A.M. MO		YEAR	. II. IIO W I	NJURY OCCUI	KKED (ENTERN	ATURE OF INJURY	IN ITEM 18	RART   OR PART 2)	
HYSICIA nding p nding p his certifi burial- d Mento ar Item	~	NJURY OCCURRE		P.M.	5.V	19	W LOCAT	101					
PHY tend tend he bund	WHILE WHILE		(A	PLACE OF INJUR THOME STREET, FACTOR			If LOCAT			CITY OR TOW	IN.	COUNTY	STATE
DIVISI	AT WO	ORK AT WORK								/5		- 6,	
END olo olo olo olo olo olo olo olo olo ol		certify that (I) (the		-	-		0 - 5	19	, to	12-1	(7		that (I) we) lost
ATT ASPIT OSPIT OF TO OF	300	ow the deceased	(did not) view	the body ofter dea	oth.	, 01101		(our) opinion	deoth occurr	ed on the dot	e ond ho	ur and from the	
the hither the hither the hiterate of Dep	77b. S	GIGNATURE	001	2	-1	DE	GREE	ATTENDING.	MEDICAL	STAFF		22c. DATE	SIGNED
	4	Cole	cock	68 68	510	-1	10	PHYSICIAN	DIRECTOR	PHYSICI		12-1	0-81
HOSPI inned by FUNE by the S	22d, F	PHYSICIAN'S NAM	LE (TYPE OR PRINT)			2	2e ADDRE	SS					
O HOSPITA etained by TO FUNER should be do with the Sto	H	AROLD B.	BOB, M.	D.			7220	PARK I	E IGHTS	AVENU	JE		
F 0 F 0 2 E	230 BURIAL	, CREMATION, RE	MOVAL 23b	DATE	23c NAM	E OF CEM	ETERY OR	CREMATORY	23d LOC	ATION OR TOWN		COUNTY	STATE
005BP		RIAL	1:	2-14-81	I	OUDO	N PAR	K	BALT	TMORE	CITY	MA	RYLAND
DHMH - 16 50M 1/81	24 FUNERA	AL DIRECTOR		1	ADDRESS	2122		250 DA	TE REC'D. BY	REGISTRAR 2	Sh. PEGIS	TRARISSIGNAL	1 ather
(VRA 15, 4)		ARD FUNE	RAL HOM	E, INC.		LKEN	S AVE	. D	EC 1 1	1981	MAN	TRAPSSIGNAT	

STATE OF MARYLAND

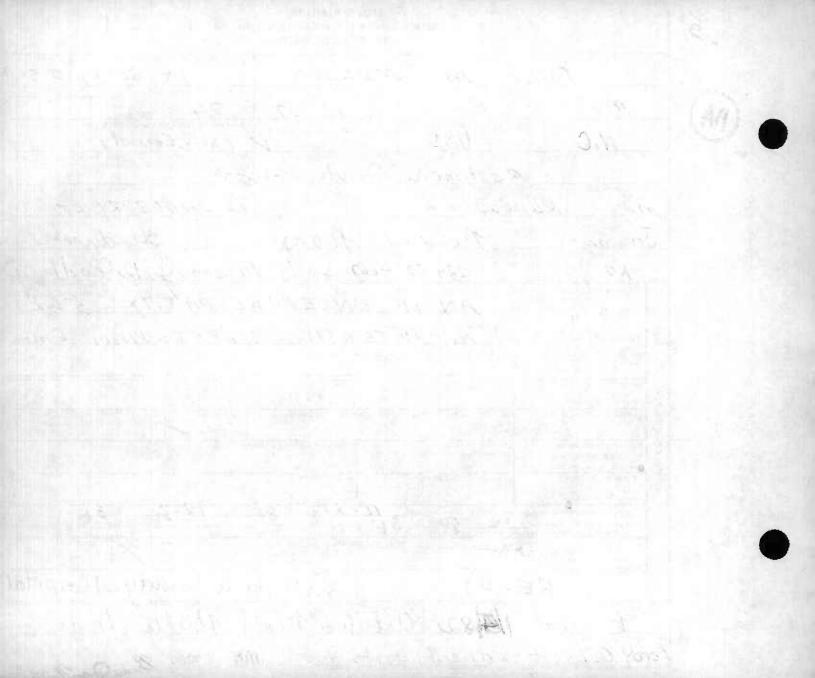


TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH-16 50M 1/81 (VRA 15, 4)

1				STATI	OF MARYLAND	13	) was	2 1 4	25 -7
	1.	FOR STATE	DEPA	RTMENT OF H	EALTH AND MENTAL H	YGIENE 🗸	1	)   ()	0 3
2		REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO.		
2	1. DE	CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF D		DAY YEAR	2b HOUR
/	(TYPE	OR PRINT)	ac na	NO	LSON				0.30
1		JOHI			/			10-81	11
3.0	3. SE		1. RACE	5. DATE C	F BIRTH	6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		male	13.	11	- 12-07	72	YRS.	THE CANS	AUIV.
			b. CITIZEN OF WHAT COUNTR	RY? 8.	В	9 BALTIMORE	CITY OR COUNT	TY OF DEATH	
10	(	COUNTRY)	11.51		NEVER MARRIED	. 10 11 1	to Cour	nty	
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWE SING HOME C		12a ÚSUAL OC	C3	4	F BUSINESS OR
1			(IF NOT IN SUCH FACILITY, GIVE STR		1 10		R MOST OF WORKING	LIFE) INDUSTRY	803114E33 OK
144			Baltimon	e loc	very Ho.	3 petal			
7	13a S	AL RESIDENCE (# NURSING HOME OR COTATE 136 COUNT	TY BY BY TY OR TO		13d. INSIDE CITY LIMITS	? 13e. STREET AD	DDESS		
5	n		nealstown.	J	YES NO NO	12 6	HADB	URY C	7
	-	THER'S NAME			15. MOTHER'S MAIDEN		. ,,, ,,,	100	
30			NIDDLE A LAST	/	M FIRST	. A	AIDDLE 3	LAST	/
-	V	ames	1 aco	2	Thuggu		A	naus	070
		VAS DECEASED EVER IN U.S. ARM YES, NO OF UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SE	CURITY NO.	17 INFORMAN	· n 1	ADDRESS	000	11
		NO	239-0	2-466	2 John	Tulso	n dist	2 has	Joursel
		18. CAUSE OF DEATH (Enter only	v one cause per line for (a) (b)	and (c)	//		11	APPROXIM BETWEEN OF	MATE INTERVAL!
		PART I. DEATH WAS CAUSED	BY:	111 5	NCEPH	1 1-1 1 12	a41	BETWEEN	TI LE A
٧.	- 4	2314 IMMEDIATE	CAUSE (o) HOX	16 2	14 67 11	ALUP	11/1/	2	WED
		2211	DUE TO, OR AS A CONSEC	QUENCE OF		11 -			
3		Conditions, if any, which	( b) NORN	10 TE	NSIVE -	HYDK	CEPI	4/1/11	6 mor
		gave rise to immediate cause (a), stating the					-		
		underlying cause last.	DUE TO, OR AS A CONSEC	JUENCE OF					
		DART 2 OTHER CICALIFICANT CO	(C)						
	Z	PART 2 OTHER SIGNIFICANT CO	JADITIONS CONTRIBUTING I	O DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE C	R CONDITION G	IVEN IN PART Ito	
-	CERTIFICATION	Control of Cotto							
2	Ö	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION	N WAS PERFORMED	20a AUTOPS	Y? 206. IF YI	ES, WERE FINDING	GS USED OF DEATH?
_	TIE					YES N	order of the same	YES 🗌	NO 🗌
2	G	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCC	URRED (ENTER NATUR	E OF INJURY IN ITEM 18	PART 1 OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEAT							
	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION				
.11	ME		(AT HOME STREET, FACTORY, OFFIC	CE, FARM, ETC.)	STREET		ITY OR TOWN	COUNTY	STATE
		AT WORK NOT WHILE							
8		220.1 certify that (I) (this haspite		m	21- 19 5	, to	2-20-	. 19 51, 11	hat (1) (we) last
ш		saw the deceased alive an	19.30-19	\$1. an	d that in (my) (our) opini	on death occurred o	n the date and he		
		abave, (1) (we) (did) (did not) 22b. SIGNATURE	view the body after death.	-	DEGREE			22c DATE S	
	- 1	10	dy -		ATTENDING	MEDICAL	STAFF .	M. DATES	SIGNED
		1 Pec			PHYSICIAN	DIRECTOR	PHYSICIAN T		
		224. PHYSICIAN'S NAME (TYPE OR	PRINT 12 V		22e ADDRESS	. /	L	i 1)	· ant
		P. KE	= 17 0 1		Balti	more	ount	4-160	BIXILA
	220 0	HIDIAL CREMATION DEMONIA	Took DATE A	. NIAME OF C	ALEREA OF THE	1221100:-		1	<i>U</i>
	230 8	URIAL, CREMATION, REMOVAL	23h. DATE. 1 23	NAME OF CI	METERY OR CREMATOR	RY 23d. LOCATO	OWN / L	copy 1	STATE
		Durial	113182	Urbu	ms I'm	m. Ju	alk	· Ind	1.
	24 FL	INERAL DIRECTOR			25c. C	DATE REC'D. BY REG	ISTRAR 256. REGIS	STRAR'S SIGNATU	RE
	Lei	O Dyyth	460K) Libert	Halt	a Aue	JAN A.	1987 2	,	
				" 7/8/	- //	VIIII 4	YX A VY		



	1-	em 6 g563 FOR STATE REGISTRAR	1/19/		DEPARTMENT O	HEALTH	MARYLAND HAND MENTAL H CERTIFICATE O	EDEATH	3 1	0 0	4
1	1. DE	CEASED NAME E OR PRINT)	FIRST Sloa		MIDDLE		sbitt	20 DATE KNOT OF EST DEATH MAT	WN MONTH	0-	2ъ. ноц <b>1</b> р
(M)		ale B	lack	Oct. 21,	YEAR FASTBIRTH	DAY) MONT	NDER 1 YR. IF UNDER	MIN PRONOUNCED DEAD	MONTH	DAY YEAR	2d HC
1/2/20	N N	RTHPLACE (STATE OF REIGN COUNTRY)	lina	76. CITIZEN OF W	Α.	WIDOV		Baltin	ore Coun	ity	CINIECC
DELAY S TO THE N PACE OS, 300	F	TY OR TOWN OF DE	wn	(1F NOT IN SUCH FA	SPITAL, NURSING HOL ACILITY, GIVE STREET ADDRESS A Bond Ave.	5)	HER INSTITUTION	12a. USUAL OCCUPATIO FOR MOST OF WORKING L Grinder	IFE)	OR INDUSTR Steel	
AND	13a. S		136 COUNT Balto	Υ	13c. CITY OR TOWN Reisterst		13d. INSIDE CITY LIMITS? YES NO A	134. STREET ADDRESS 65 A Bond	Ave.		
URS AFTER DEATH . 1 2. WITH FORM PM 3. PAGES 1 AND 2 S DIVISION OF WALL	14. F/	Wallace		WIDDLE	Nesbitt	N.I	15. MOTHER'S MAIDE First Leah	WIDDLE		LAST	
HOURS AFTER I A 18. GIVE PAG A WITH FORM MIT. PAGES 1.	16a. \ {Y	VAS DECEASED EVE ES, NO. OR UNKNOWN) NO	R IN U.S. ARM		247-10-39		Viola Nes		ond Aven		
L EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU E CERTIFICATE. WORD "PENDING". IN PENCIL IN ITEM 18 OULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG VIL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. H, WITH THE STATE DEPARTAENT OF HEALTH AND MENTAL HYGIENE. IN MARYLAND, 21201 PRIOR 70 BURIAL, CREMATION, OR REMOVAL.	N	Canditions, if gove rise to cause (a) statinglying cause last PART 2 OTHER SIGNIFICATION CANDIDATES CONTRACTION OF THE CANDITION OF T	immediate ng the <u>under-</u> t.  NT CONDITIONS C	(c)	R AS A CONSEQUENCE		SE OR CONDITION GIVEN IN PA	THWCY.		Yvs	
F VITAL RECOR	CERTIFICATION	19a. DATE OF OPE	RATION	196 CONDI	TION FOR WHICH OF	ERATION V	VAS PERFORMED?			20. AUTOPSY?	NO [
BIVISION OF VITAL SCEPTIFICATE SHOU RING THE WORD RED TO THE CHIE E 3 SHOULD BE USE E DEPARTMENT OF IPPLOR FOR	MEDICAL CER	210. EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.A	A. MONTH DAY YE	AR		D (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	27 2)	
DIVISION THIS CERTING WARDED 1 PAGE 3 SH TATE DEPA	MED	21d. INJURY OCCU WHILE NO AT WORK AT			OF INJURY (AT HOME, TORY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	cou	INTY	STAT
CAL EXAMINER: THE CERTIFICATE, SHOULD BE FOR RAL DIRECTOR: P ATH, WITH THE S' BE, MARYLAND, 21		220 I certify the death resulted fro		e of the remains de al couses .	Accident ,	Autor Sycide	osy , Inspection  Hamicide ,  TITLE (SPECIFY)  A.D. Pay	Undetermined monner	DATE	D 12/191	181
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNCTION TO FUNCTION AFTER DEATH, D BALTIMORE, MA	730 F	(TYPE OR PRINT)	3	rephen 3h DATE	MARCO C	- V	_ADDRESS OR CREMATORY	[23d. LOCATION			
BP	34.8	URIAL CREMATION SPECIFY)  Direial UNELAL DIRECTOR	Þ	11		easan	t Ch. Cem.	Owings Mil	ls, Balt	GNATURE	d.
15M 7/76		Het. El	lard	ADDRES OV	vings Mills	, Md.		DEC 2 2 198	1 Trans	L. Gran	and lives

Har or other constant	of the state of th	-Cheson		aro.(8
winned annual field and the second se			. = .	
The state of the s	Mary County		• • •	
Mr. Balls. Saint man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Edition Committee		- 100 Maria (100 Maria)	modelii febs
ANT ANT ANT ANT AND ANT AND ANT AND ANT AND ANT AND	Sent first 2.50			. Maria de la composición della composición dell
	55 A Boild Avelue		MEETINE IN IN IN IN	

ector, page 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use on the buriof transit permit. Then please services compositionally with the State Dept. of Health and Mental Hygnere prior to buriof, cremation, or semand

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

MAPORTANT If them 21 is marked or them 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND I		REG. NO.	005
		CEASED NAME FIRST	WIDDLE	LAS1	2a DATE OF		YEAR 26. HOUR
	[ Tree	JOH	V C.	NEUKAM, JR.	Decer	mber 22, 198	31 11:05 M
	3 SE)	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YE	ARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
		M	W	11/28	127 5	4 YRS.	NTHS DAYS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	ARRIED 9 BALTIMOI	RE CITY OR COUNTY O	FDEATH
9		MD.	USA			imore County	MD.
-		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE	IRSING HOME OR OTHER INST		OCCUPATION FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
1	-1	OSSVILLE	FRANKKI	HOPPERS			
1	13a S	AL RESIDENCE (IF NURSING HOME OR OTATE 136 COUN	TY 13c, CITY OR		ITY LIMITS? 13e STREET A	DDRESS	
9			LIE ROSE.	DALE YES [	1 4		VICK AUE
1	III.FA	ATHER'S NAME	AIDDLE LAST		MAIDEN NAME	MIDDLE	LAST
C	-	JOHN C. 1	VEUKAM	SR ELI	ZAISETH A	IRES	LAST
B		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMA	NT	ADDRESS	
		VES KORE	5A 2142	128376 THEL	MA NEUK	AM ,	ABOVE
		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y ane cause per line far (a), (b	, and ic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
8			E CAUSE (a) Cardion	ulmonary Arres	t; Acute Anter	ior-Septal	
8		4100	DUE TO, QR AS A CONS	EQUENCE OF Myocar	dial Infarcti	on	
	91	Canditions, if any, which	( Recurre	nt Ventricular	Tachycardia		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF			
		underlying cause last.	(c)				
	NO	PART 2 OTHER SIGNIFICANT CO	IN PART 1(a)				
	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PERFO	RMED 200 AUTO	PSY? 20b. IF YES. V	VERE FINDINGS USED
4	H.				YES 🗆	NO YES	NG CAUSES OF DEATH?
2	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW IN	JURY OCCURRED (ENTER NAT		
1		OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f. LOCATIO	N		
	W	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OF	FICE, FARM ETC ) STREET		CITY OR TOWN	COUNTY STATE
		22a.1 certify that (this hospite	al) attended the deceased fr	December 21	19.81 to Dec	ember 22 19.	81 454 5/ (110) 154
		saw the deceosed olive an abave, M. (we) (did) (did) and	December 22		(our) apinian death accurred	, , , ,	,
		22b. SIGNATURE	view the bady after death.	DEGREE			22c. DATE SIGNED
		19	10/	A	TTENDING MEDICAL	STAFF PHYSICIAN	12-22-81
		224 PHYSICIAN'S NAME TYPE OR	PRINT)	22e ADDRESS		] FNTSICIAINE	12 4401
		p. Fern	PADEZ		9000 Franklin	Square Dri	ve 21237
	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR C			
	(	BURIAL	12/26/81	HOLLY HIL		176	OUNTY STATE
	-	JNERAL DIRECTOR			250. DATE REC'D. BY RE	CIETDADISC DECICTOR	DOS DESCRIPTIONS
	24 FL	NEKAL DIRECTOR	ADDR		M. DATE REC D. BT RE	GISTRAR 256 REGISTRA	K S SICIN MI AIRE

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x 12/31/81						
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STATE OF MARYLAND

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After this certificate has been signed by the ottending physician and completely filled in by the e as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled wi

should be detoched for use os the buriol-tronsit permit. Then please remove cork with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or morked or Item 18 shows ony

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	V .	REGISTRAR			CEKTIF	ICATE OF DEATH	REG. N	10			
	1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT)  MARY J. NOPPENBERGER						2a DATE OF DEATH December 1	HINOM	1981	26 HOUR 8:50 <sup>Р</sup> А	
	3. SE	X	4. RACE		5 DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
		emale	White		Jan	21st,1909	72	YRS	MONTHS DAYS	HOURS MIN.	
1	В	al'timore, Md.	7b. CITIZEN OF W USA	HAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	MD	
0	Ro	II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (MEDICAL POLICY OF THE PROPERTY OF THE							12b. KIND C INDUSTRY Ornamen	tal Iron	
6	13a S	Md. 136 COUL	ROTHER INSTITUTION G NTY Lto.	Rodgers	V	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS 220 Murdo		1. 21212		
20		James M. Mille		LAST		Catherine	WIDDLE		McCOURT	Te	
		VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	216-28-3		Clair G. Nor	op <b>enberger</b>	Rd.			
	NOI	PART I. DEATH WAS CAUSE  1749  Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR  DUE TO, OR  DUE TO, OR  (b)  (c)	METAS AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM		NDITION G	GIVEN IN PART 110	· 713.	
2	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION				ON WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO					
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING			19	2H. LOCATION					
	~	WHILE AT WORK NOT WHILE 1220.1 certify that (I) (Hirs haspital) attended the deceased from 1979 to December.							2.19_8/	that (I) (ve) lost	
	sow the deceased alive on								our and from the		
		Can Clare, on &				ATTENDING PHYSICIAN	12/1	12/81			
1		PAUL CHANG				22e ADDRESS 615 WILTON RD. 21204					
	23a. B	SURIAL, CREMATION, REMOVAL	EMETERY OR CREMATORY	236. LOCATION		COLANY	STATE				
BURIAL DEC.14,1981 NEW CATHEDRAL CEM. BALTIMORE							COUNTY	MD.			

25d F HE REC D

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is

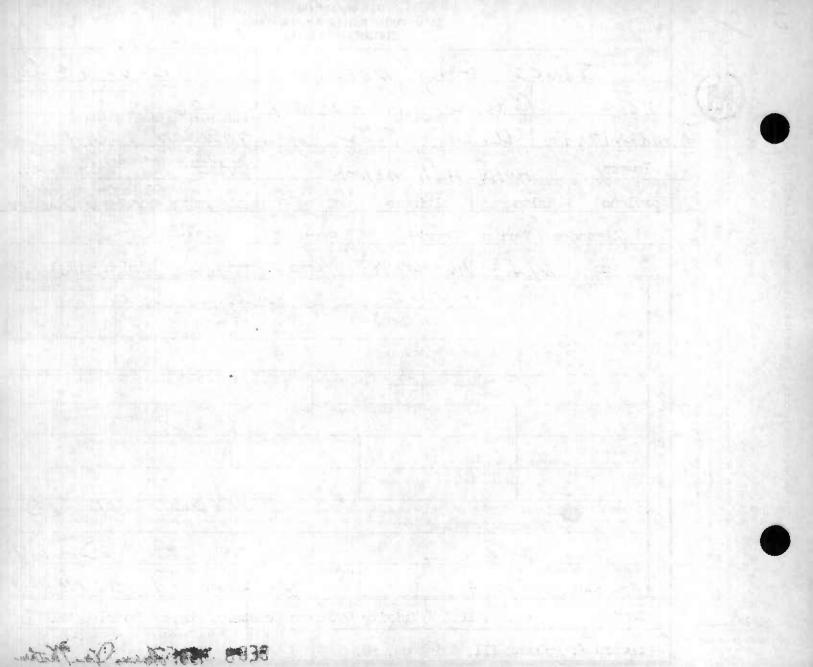
MITCHELL-WIEDEFELD HOME 6500 YORK RD.21212

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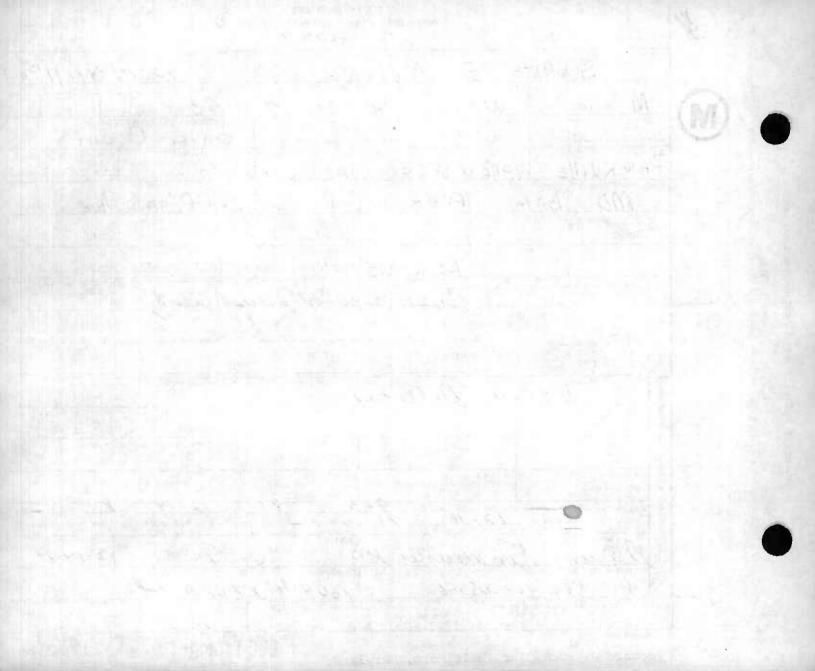
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	-	1.	STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 1 3 1 3 1 3 7 7 7 7 7 7 7 7 7 7 7 7 7					
			CEASED NAME	IRST	MIDDLE		AST	REG. N	MONTH DAY	YEAR 2b. HOUR
	by be			Mes	GRE	Y NO	14his		12-6-	8/ 3 mm
	ge 4 m	1.58	10/2	C RA	200 C	5. DATE O	- 26-1884	6 AGE (IN YEARS LAST BIR	YRS.	RIYEAR IFUNDER 24 HRS DAYS HOURS MIN.
	P 100	7e. 8	RTHPLACE   STATE OF FORE	7b. C1	TIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DE	ATH
	deot	M	ZNY IZNO		Uis.	WIDOWE	DIVORCED [	170WS0	NI	VId MD.
-	offer of	Towson			NAME OF HOSPITAL, N IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Engineer Railroad—Ret		
212	hour pe t	05U.	AL RESIDENCE (IF NURSING	HOME OF OTHER	INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1200 Darl	oigh Road
Q N	filled filled fould it		ryland	Balto		imore	YES NO A	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		zazookodowa
RYL	etely s2 sh	14. FA	ATHER'S NAME	WIDDLE		iST.	15. MOTHER'S MAIDEN N			1467
¥	and on or		Alexander	_	rran Nori		Mary	Amelia	Lant	tz
ORE,	Poges 1		VAS DECEASED EVER IN	U.S. ARMED I		L SECURITY NO.	17. INFORMANT	ADDRI		
Ĭ	S. Pool		no	NIA	716-	122989	George G.	Norris,4200	Darleigh	Rd, Balto, Md
BAL	ysicing oper ovol.		18 CAUSE OF DEATH (I PART I. DEATH WAS		cause per line far tak	15), and (c).1	1 1		A 8	APPROXIMATE INTERVAL
ST.,	g ph sonp remo			MEDIATE CA	USE (a)	eroses	Erole le	creevasen	lar	
NO.	oth conding on the conding of the co	46	4272		DUE TO, OR AS A CON	SEQUENCE OF		declar		
RES	dec dec		Conditions, if any, w gave rise to immed		(b)			med miles and a second		
₹.	by the	18	couse (a), stating		DUE TO, OR AS A CON	ISEOUENCE OF			1 6 3 3 4	
102	riol or			_ (	(c)					
ns'.	sign sign hen p to bu	Z	PART 2. OTHER SIGNIFI	CANTCOND	ITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN P	ART 1(a)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ony in	CERTIFICATION	19a DATE OF OPERATIO	N	9b CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
- X		IFIC		-				YES NO	IN CERTIFYING C	CAUSES OF DEATH?
/ITA	icote hos ronsit pe Hygiene 18 shows	CERT	210. ACCIDENT WAS UNDERL		16. TIME OF INJURY		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU		-
OF.	PHYSICIAN: T ending physici this certificate to buriol-tronsi ad Mentol Hygi d or Item 18 sh		OR CONTRIBUTING CAUS	OL OI DEATH	HOUR A.M. MONT P.M.	H DAY YEAR				
O		MEDICAL	21d INJURY OCCURRED	2	le. PLACE OF INJURY		21f LOCATION			
VISI	10 ± - ± 0 0	W	WHILE AT WORK		AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COL	UNTY STATE
۵	DING or or se os se os ecolth c		22a.l certify that HI (th	is haspital) a	ttended the deceased	fram		to 6 Dec	, 19.8	L, that if (we) last
	TTEN poitol for u of He		sow the decensed	alive on	v the bady after death.		d that in (my) (our) opinic	an death accurred on the d	ate and haur and fr	
	OR ATI e hospi DIRECT sched fc Dept. of f ttem 2		226. SIGNATURE	(ata not) viev	The body after death.		DEGREE		220	c. DATE SIGNED
	- f , f o -		Hance	2/12	Lyon		ATTENDING PHYSICIAN			December 87
	HOSPITAL ned by the FUNERAL side be detected the Stote of	-8	224 PHYSICIAN'S NAMI	TYPE OR PRINT	1		22e. ADDRESS			1
	7 2 2 2 3		JAMES	- M S	OWA		714 YORK	KOAD	lowson	1 MD 21204
	shour impo		SURIAL, CREMATION, REA	MOVAL 23h	DATE	23¢ NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION	٠.	
	BP		Burial	Dec.	. 9, 1981	Trinity	Lutheran Ce	emetery, Jopp	a Harfor	rd Md. STATE
D	HMH-16 30M 2/80	24 FI	UNERAL DIRECTOR	-	40	DBECC	25a. D	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S S	GIGNATURE
	(VRA 15, 4)		Howard K. M	1cComas	s III, Abir	ngdon, Mo		BECO STATE	34 (	Va 9Kota



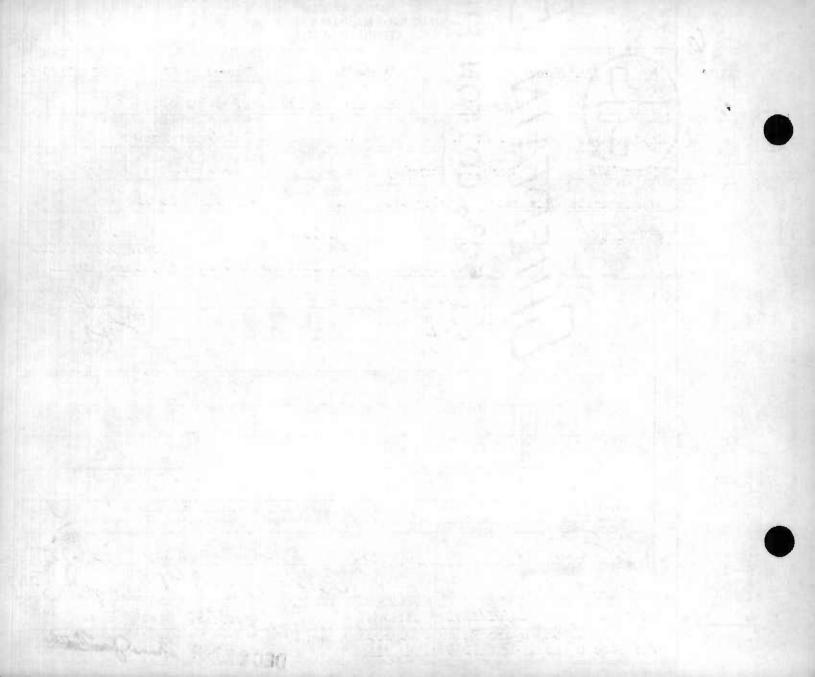
Leonard J. Ruck, Inc. Baltimore, Maruland

STATE OF MARYLAND



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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FUNERAL DIRECTOR

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DHMH - 16 50M 1/81 (VRA 15.4)

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FOR - STATE

## STATE OF MARYLAND

DEI	CERTIFICATE OF DEATH	REG. 1	۷0.			
l E	LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	OHLER		12	18	81	930
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B	(RTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HR
	MONTH DAY YEAR			MONTHS	DAYS	HOURS MIN

126 KIND OF BUSINESS OR

SELF-EMPLOYED

INDUSTRY

REGISTRAR DECEASED NAME FIRST TYPE OR PRINTI **EDWARD** E. . SEX 4 RACE MALE WHITE 32 48 /RS. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY! BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED X NEVER MARRIED PENNSYLVANIA U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE HALETHORPE 4317 RIDGE AVENUE. PLUMBER JOUAL RESIDENCE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3a STATE 13b COUNTY 13c. CITY OR TOWN 3e STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE HALETHORPE YES [ NO S

4317 RIDGE AVENUE, FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE LAST WALTER OHLER MARGARET EHLER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

YES KOREA VIRGINIA OHLER 4317 RIDGE AVENUE 214-30-3002 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating AS A CONSEQUENCE OF underlying couse lost.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO		YES 🗌	NO 🗌	
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE C	F INJURY IN ITE	M 18 PART I OR PART 2)		
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR						
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19						
21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION					
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	STREET	CITY	ORTOWN	COUNTY	STATE	

22a. I certify that (1) this hospital) attended the deceased from sow the deceased a our) opinion death occurred on the date and hour and from the causes stated above ((1) we) (did) (did not) view the body after death 22b. SIGNATURI DEGREE 22c DATE SIGNED

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

WILLIAM WATERFIELD. ONCOLOGY DEPT

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1 SPECIFY CITY OR TOWN

BURIAL 12-21-81 MEADOWRIDGE MEM. ELKRIDGE HOWARD MARYLAND 24 FUNERAL DIRECTOR 21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

THE CHEST SEE THE SECOND SECON Hard Company of the sound of th  FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTII	ICATE OF DEATH		REG. NO.					
		CEASED NAME	FIRST		MIDOLE		LAST	2a. DATE	OF DEATH MONTH	DAY YEAR	2b HOUR			
		OR PRINT)	Sophi	e Cath	erine	Ohle	r	Dec	ember 01,	1981				
	3 SE	X		4 RACE		S. DATE		6. AGE (II	YEARS LAST BIRTHOAY)	MONTHS DAYS				
		Female		White	e	Mar	ch 13, 1915	6	6 YRS.	MONTHS: DAYS	MOURS MIN.			
1		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIM	MORE CITY OR COUNTY OF DEATH					
E	M	aryland		USA		WIDOWI		- Dal	timore Co	unty,	MI			
1	10. CI	TY OR TOWN OF	DEATH			IG HOME	OR OTHER INSTITUTION	12a USUA	LOCCUPATION		OF BUSINESS OF			
50		Towson		St. Jo	Seph's H		al		ork for most de working i Lemaker		usewife			
25	13a S	AL RESIDENCE (# P	13b COUN		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	113e STREE	13. STREET ADDRESS 423 Chumleigh Road					
1	M	aryland	Balt	imore	Towson		YES NO NO	423	Chumleigh	n Road				
7	14. FA	THER'S NAME		WIDDLE	LACT		15. MOTHER'S MAIDEN N							
50		Theodor			Gengnag	el	C. FIRST	Margue	rite Li		AST			
1	160. WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) (1E YES, GIVEY			MED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS Bal		Md. ZIZIZ			
				E WAR OR OATES)	215-32-8	t F. Ol	F. Ohler 423 Chumleigh Rd.							
			ATH Enter no		line for to , (b , an						DXIMATE INTERVAL N ONSET AND DEATH			
	- 3	PART I. DEATH	H WAS CAUSE	D BY:	1//	-/0	iner's	dica	ane.	BETWEEN	7 / 4			
		201	IMMEDIAT	E CAUSE (0)	HK	ne	emers	wise	and.	100	Yrse			
		03/	0	DUE TO, O	R AS A CONSEQU	NCE OF					/			
		Conditions, if a		(b)_										
		couse (o), st	oting the	DUE TO, O	R AS A CONSEQUE	ENCE OF								
		underlying co	use lost.	(c)										
	-	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEA	SE OR CONDITION GI	VEN IN PART I	10			
	ATION			Ses	65U99									
-3	CAI	19a DATE OF OPE	RATION	19b. CON 0	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	OPSY? 20b. IF YE	S, WERE FIND	INGS USED			
X.	CERTIFIC							YES 🗌	eren I	IFYING CAUSE 'ES []	NO [			
7	G	21a. ACCIDENT WAS		21b. TIME O		AV VEAD	216 HOW INJURY OCCU	URRED (ENTER P	NATURE OF INJURY IN ITEM 18	PART I OR PART 2)				
1	AL	OR CONTRIBUTING			M. MONTH DA	19								
	MEDICAL	21d. INJURY OCC		21e PLACE		.,,	211. LOCATION							
	W	WHILE NO	WHILE WORK	(AT HOME STR	EET, FACTORY, OFEICE, E	ARM ETC )	STREET		CITY OR TOWN	COUNTY	STATE			
		22a.l certify that		ral) ottended the	a deceased from	12	-4 10 0	1	17-4	10/	4 - 4 - 4 - 14 - 1			
			eosed olive on	10	, 19	3/0	nd that in (my) (our) of	on death accurr	red on the date and ha	ur and from the	, that (I) (we) last			
88	above, (1) (we) did 1 did not him the adv after death.													
		224. SIGIVATORE	404/	131	21/00	1 m	DEGREE ATTENDING	MOICAI	STAFF	22c. DAII	E SIGNED			
		201 2111/2	//	000	week	11/1	PHYSICIAN		R PHYSICIAN	12	101			
1	100	22d. PHYSICIANS					22e ADDRESS				41.7			
	1110	A.F	i. Ghil	adi, M.	D.		7600 Osle:	r Drive	e, Towson	, Mary	pland 217			

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b DATE 12/4/81 23c. NAME OF CEMETERY OR CREMATORY St. John's Ch. Cem.

23d LOCATION

Hydes, Balto. Co., Md.

7600 Osler Drive, Towson, Maryland 2120

Lawson 10 W. Padonia Road, Timonium

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STATE OF MARYLAND

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1-	FOR STATE REGISTRAFAKA Cart		DEPARTMENT OF DICAL EXAMI		AND MENTAL		REG.	3 1	0 1	6
1. DE	CEASED NAME FIRST		MIDDLE Ojason	(	AST	2a. DA	TE KNOWN	MONTH	DAY YEAR 26 21 19 81	72 S
3. SE	Male Cau	S. DATE OF BIRTH	19 6 AGE (IN LAST BIRT	YEARS IF UND		MIN. PRON	ATE OUNCED EAD	12-21		d. HOUR
Be	rthplace (STATE OR DREIGN COUNTRY) thleem, Pa.	76 CITIZEN OF WI		WIDOWE		RCED Ba	ltimo	re County	intv	MD
S	or town of DEATH Parrows Poin	t Beth.		spens		120 USUAL OC FOR MOST OF	WORKING LIFE)	Worker	or industry	
130. S Ma			13c. CITY OR TOWN	1	3d. INSIDE CITY LIMITS? YES NO	x 829 B		ick Ro	ad 212	221
		jason	LAST				iston		LAST	
160 ()		WIT WAR OR DATES)	218-10-		Bertha C	Djason, W	ADDRI ife	Same	APPROXIMATE INT	
NO	Conditions, if any, wh gave rise to immedicouse (a) stating the unclying couse lost.  PART 2 OTHER SIGNIFICANT CONDITI	(b) DUE TO, OR	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TE	E OF	OR CONDITION GIVEN IN I	PART 1 (a).				
CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OP	ERATION WA	S PERFORMED?		9-1		20. AUTOPSY?	No M
MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE 210. INJURY OCCURRED	OF DEATH P.M	MONTH DAY YE	216. HOV	W INJURY OCCURE	RED (ENTER NATURE C	DF INJURY IN ITEM	18 PART 1 OR PART		<del>-/</del>
ME	WHILE AT WORK  22a. I certify that I took ch death resulted from: N  ACTUAL SIGNATURE	arge of the remains des			Hamicide TITHE (SPECIFY		d manner	ond in my opini		STATE
73n P	EXAMINER'S NAME J.C. (TYPE OR PRINT)  URIAL, CREMATION, REMOVA	ROSSAN C	DONOVAN 1236, NAME OF C	A	DDRESS 2112	Dundalk 1238. LOCATIO	Hoe.,	Balle	, md - 21	22
E	UNITAL CREMATION, REMOVA	12/23/81	Garde	ns of	Faith Cen	ne tery	altimo	re County	-	
	NUMBER E	eral Home	A 1407 Old	Easte	rn Ave.	EC 22 19	81 Zh	ness &	an Thister	K

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CERTIFIC CERTIFICATION AND ALL COMMENTS					Ala			
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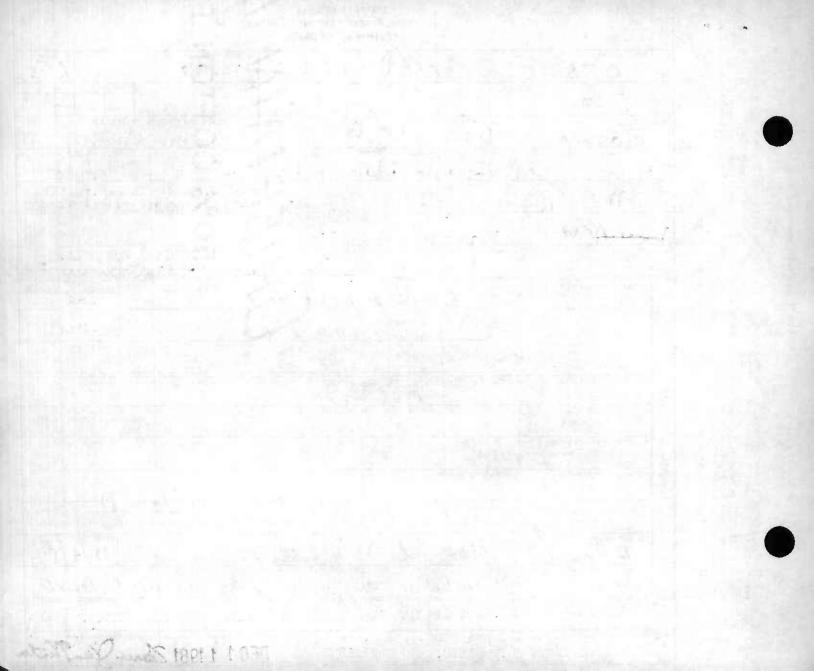
Page 164 4 139

21215

6010 REISTERSTOWN RD. BALTO., MD

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

S	T	A	T	E	0	F	J	W	A	R	Y	ι	A	N	D	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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P		- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o			
		CEASED NAME FIRST	V.	PALE	RMO	December			2b. HOUR 11:20p	
	3. SE	×	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		JNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
977		IRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	D DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  RETURN				
State of	f	OSSVILLE	11. NAME OF HOSPITAL  (IF NOT IN SUCH FACILITY, OF RANKLI)	GIVE STREET ADDRESS)	DR OTHER INSTITUTION					
d some	13a. S	MD C		OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 43 5, HA	WTHE	RHE		
30		ATHER'S NAME FIRST THOMAS	MIDDLE PALE	RMO	CHRIST IN	ME MIDDLE	1 55 A	PUA	ıΤ	
e medico	(	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV UNIX	IT INVESTIGATION	1092977	MARY PA	LERMO	SS	A B	OVE	
njury, or ather traumatic e	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CO	ac arrhyt DNSEOUENCE OF ING TO DEATH BUT					51	
naws ony ii	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NOX	20b. IF YES, W IN CERTIFYIN YES	ERE FINDIN	GS USED OF DEATH?	
marked or Item 18 st	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPLET OF CAUSE	HOUR A.M. MON	19 Y	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		COUNTY	STATE	
them 21 is		22a. I certify that (A (this haspi sow the deceased alive an above, M (we) (did) (did he 22b. SIGNATURE	tol) ottended the decease December 24 (t) view the body after dead	19_ <b>8</b> , or	ber 29 , 19 81 ad that in (1) (our) opinion of DEGREE	, toDecember death occurred on the do	er 24 19. te ond hour on	81 , and from the a	couses stated	
MPORTANT: #		22d. PHYSICIAN'S NAME (14P)		//	22e. ADDRESS	MEDICAL STAF	AN D		24-81	
IMPO	22- 6		Gottfried,			lin Square I	or., 21	237		
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	12/29/81	GARDE,	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	mi	YIND	STATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

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24. FUNERAL DIRECTOR

FOR

DEC 29 1981

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by the attending physicion and campletely filled in by the funeral ase remave carbanpapers. Pages 1 and 2 shauld be filed within 72 I

the burial-transit permit. Then pand Mental Hygiene prior to bur

marked or Hem 18 shows any

IMPORTANT: If hem 21 is

TO FUNERAL DIRECTOR. After this certificate has been

FOR	DEPARTM
STATE	DEI MITTIM

REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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S		
	REG. NO.	

0 2 0

		OR PRINTI	FIRST		WIDDLE	L	AST	20 DATE OF DEATH MONTH DA	YE AR	2b. HOU	R	
	THE	GF	ENEIEV	E M		PALM	ER	DECEMBER 6,198	31	51	P. M.	
	3. SEX	(	14	I. RACE		5. DATE C			UNDER I YEAR	IF UNDER		
		Female		White		June	17,1887 YEAR	94 YRS.	ONTHS DAYS	HOURS	M IN.	
,		RTHPLACE   STATE OR F	OREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	F DEATH			
2		Louisiana		USA		WIDOWE		Baltimore Cour	ntv		MD.	
	10. CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF				
		Baltimore	-		614 Over	brook	k Rd.	Homemaker	INDUSTRI			
-	13a. S		13b. COUNT	Υ	136 CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
.0		ryland	B"1t	imore	Baltimon	ce	YES NO X	614 Overbrook	Rd.			
-		4 FATHER'S NAME FIRST MIDDLE LAST					15 MOTHER'S MAIDEN NA	ME MIDOLE	LAS	1		
1		Philippe	Moun	ton			Martha 1					
		VAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS				
		No	111 123, 0112	TTAK OR DATES	218-52-4	4742	Mrs. Callie H	H. Palmer Sa	ame			
		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (o), (b), and			1	APPROXIE BETWEEN	MATE INTER	VAL DEATH	
		PART I. DEATH W	IMMEDIATE		CARDIO	Res	DIRATORY A	Innest-	MIL	44		
		11290			R AS AMONSEQUE							
		Conditions, if any, which gove rise to immediate  DUE TO, OR AS ACONSFOUENCE OF CANDIO VOSC. DISC.  DUE TO, OR AS ACONSFOUENCE OF CANDIO VOSC. DISC.								8/ 1/5		
		couse (a), stating the DUETO, OR AS A ONSEQUENCE OF										
		underlying cause last. (c) Generalized Auterus cle NUSis								417		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I										
	o N											
	CERTIFICATION	190. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDIN			
-	E							YES NO YES		NO [		
		21g. ACCIDENT WAS UND	Land .	216 TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM IS PAR	T I OR PART 2)		100	
1	CAL	OR CONTRIBUTING (		P./		19	State of the state					
	MEDICAL	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FA	ON STO	21f. LOCATION	CITY OR TOWN	COUNTY	51	TATE	
	2	WHILE NOT WH	RK	(AT HOME SIK	EET, PACTORY, OFFICE, FA	NAM EIC!	511661					
		22s.1 certify that (1)	(this haspite	al) attended the	e deceased fram	5	-19- 1970		71.	that (I) (a	lost (ex	
		saw the decease abave, (1) (we) (a	d olive on_	NOV	after death	<b>8</b> , or	nd that in (my) (aur) opinion o	death accurred on the date and hour o	and from the	causes sta	ited	
		226. SIGNATURE	41		1 10		DEGREE		22c. DATE	SIGNED		
		1/2	Hay	115/1	(My)		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12	-7-	81	
Ī		22d. PHYSICIAN S.N.	ME STHE CH	HINTE C			22e ADDRESS					
		Sidney	J. Ve	nable			7215 York Ro	d. Baltimore, Md.	. 21212	2		
Ī	23a B	URIAL, CREMATION,	REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	(	Burial		Dec. 9	,1981 I	ulane	ey Valley	Cockeysville, Ba	alto. (		Md.	
	24 FU	INERAL DIRECTOR					ork Rd. 25a. DAL	PECID. BY REGISTRAR 256. REGISTRA			Loboration	
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DHMH - 16 50M 1/81 (VRA 15, 4)

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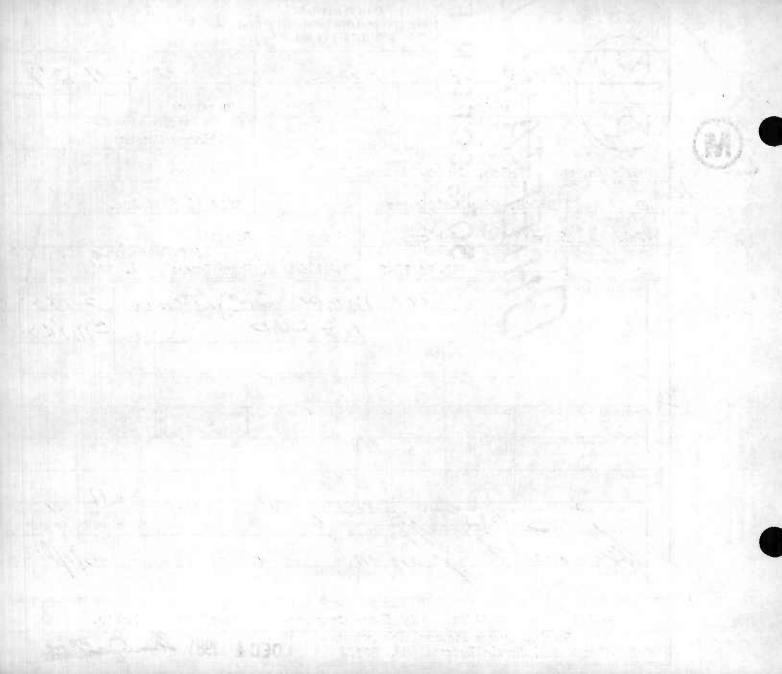
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH ARR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH female white Apr. 1901 80 years BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Bartimore County WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Randallstown Balto. County General Hospital ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) SUAL RESIDENCE | IF NURSING | 3816 Milford Ave. Balton City Baltimore MD YES CC 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST John Schleu Loretta Thomas Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 356 PRFort Meade Rd. (YES NO OR UNKNOWN) William S. Parr Laurel, Md. 20028 213-74-7367 No APPROXIMATE INTERVA BETWEEN ONSET AND DE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d, INJURY OCCURRED 21e PLACE OF INJURY 71f. LOCATION COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE 3JIHW TON 22a. | certify that (this hospital) attended the deceased from and that in (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING 7 MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS Dr. Caplan 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 236 DATE (SPECIFY) Woodlawn Woodlawn Cemetery Burial 12/4/81 24 FUNERAL DIRECTOR Loring Byers Funeral Direntors 250 DATE REC'D. BY REGISTRAR REGISTRAR'S SIGNATURE

8728 Liberty Rd. Randallstown, Md. 21133

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTP CHARLES DEATH MATED ZSCHKE 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) RONOUNC MALE WHITE 10,191 68 YRS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) TOWSON JOSEPH HOSPITAL Engineer Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 21204<sup>N</sup> #508 WITH FORM PM 3.
IT. PAGES I AND 2.
DIVISION ORVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Frederick E. Patzschke Margaret Krebs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) Yes W.W. 213-09-0185 Viola E. Patzschke Towson. MD 18. CAUSE OF DEATH (Enter only one couse per line for 10) (6), and (c).) A BURIAL - TRANSIT PERMI PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, IMMEDIATE CAUSE (o Conditions, if any, which couse (a) stating the under A-GONSEQUENCE O lying cause last HEALTH AND ME PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DECONDITION GIVEN IN PART 1 (9) CERTIFICATION USED AS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR NG. CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK Inspection A 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry ond in my opinion Natural causes Homicide Undetermined monner DATE SIGNED Charles F. O'Donnell, M.D. S. 7501 York Road 21204 TYPE OR PRINT 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial STATE Parkwood Cemetery Baltimore Co., MD BP 24. FUNERAL DIRECTOR **DHMH-17** William E. Johnson 8521 Loch Raven Blvd (VR A15 ME (5))

15M2/80

The transfer of the state of th Company Company (1881 88 1980 ) The company of the FOR

- STATE

9. BALTIMORE CITY OR COUNTY OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY , and that in (my) (our) apinion death occurred an the date and hour and fram the causes stated 22ca DATE SIGNED COUNTY DHMH - 16 50M 7/77 (VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

DAYS

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Martin D. Lawson, 10 W. Padonia Road, Timon 1

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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injury, ar other troumatic event, th

MPORTANT: If Item 21 is marked ar Item 18 shaws ony

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

3

	CEASED NAME	FIRST	/	AIDDLE	L.	AST	20 DATE OF DEATH M	ONTH	DAY YEAR	2b HOUR	
MARGARET				PIE	ROTTI	December 1, 1981					
3 SE	Х	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY	IF UNDER I YEAR	IF UNDER 24 HRS	
	Female		White	9	Aug		97	YRS.	MONTHS DAYS	HOURS MIN.	
78. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?					8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNT	Y OF DEATH		
	Italy		U.S.A	A.	WIDOWE	77	Baltimore	e Co	ounty,	MD.	
10 C	ITY OR TOWN OF DEA	ATH 11				PR OTHER INSTITUTION	120. USUAL OCCUPATIO		12b. KIND C	F BUSINESS OR	
	Towson			Joseph H		tal	Housewife		Hon	1e	
13a S	AL RESIDENCE IN NURS	1136 COUNTY	1	13c CITY OR TOW	N I	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS_				
-	ryland	Balt:	imore	2123	34	YES NOXX	1261 Hals	stea	ad Road	1	
14 FA	ATHER'S NAME	MIE	DDLE _	LAST		15. MOTHER'S MAIDEN NA/	WIDDLE		LAS	1	
	August			acchi		Rose			Ghera	ırdi	
16n \	VAS DECEASED EVER YES NO OR UNKNOWN) NO	(IF YES, GIVE W	ED FORCES?	16h SOCIAL SECUI		17 INFORMANT	ADDRES		7.00	at ool	
	r					Liana A. Ma	ncini Bar.	to.,		21234	
333	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED )	one cause per BY:	line far (a)(b), one	161	Muncastin	0	100	BETWEEN	MATE INTERVAL	
	11.0	IMMEDIATE	CAUSE (a)	1700	u	Myocardia	e in gario.	100	/-	en tim.	
13	Conditions, if any, which (b) Artenosclonitic Heast disease										
	gove rise to immediate									-	
	cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF AS A CON										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
NO	Seizure disorder, pour perpheral circulation										
MEDICAL CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH				OPERATION		200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN	IGS USED	
TIE							YES NO		IFYING CAUSES	OF DEATH?	
CER	210. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	V YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18	PART I OR PART 2)		
CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI		P./		19						
(ED)	21d. INJURY OCCUR	RY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O			IRM FTC )	211 LOCATION	CITY OR TOWN COUNTY			STATE	
2	AT WORK NOT WH	RK					1 22		J		
	22a.1 certify that (1)			- ( ) -		2/15/1979	, to		19.8/	that (1) <del>(mo)</del> last	
- 13	saw the decease above, (1) (we) (e	ed olive on <del>lidt</del> (did not) v	view the body	ofter death.		d that in (my) (our) opinion o	leath accurred on the date	e ond ho			
000	22b SIGNATURE DEGREE 22c									SIGNED	
		10	32		-	MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   14/1/8/					
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)					22e. ADDRESS	5		0 - 4		
			101				Raven Bly	7d.	825-77	87	
230 8	BURIAL, CREMATION, USPECIFY) Burial		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
_	DUTIAL UNERAL DIRECTOR	-	Jec.4,	1981 Ho	ту К	edeemer	Baltimo  REC'D. BY REGISTRAR 25			uni	
	MAAAE	Tal	0,	ADDRESS	B			REGIS		Varther	
AA T	TITAM E.	Johns	son o	OCT TOCK	Kav	en Blvd DEC	2 1981 2	unca	Jan /	Inchitor	

DHMH - 16 50M 1/81 (VRA 15, 4)

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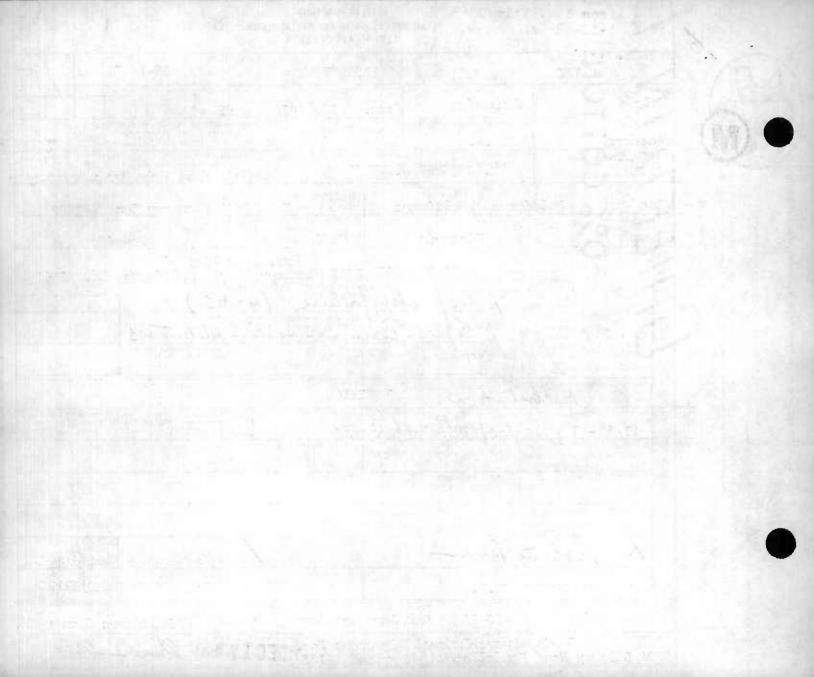
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70		1-	STATE REGISTRAR		MED	DICAL EXAMIN	NER'S C	ERTIFICATE		LE COM			
	2		CEASED NAME	FIRST	F-97	MIDDLE		LAST	20.	DATE KNOWN	WONTH	DAY YEAR	26 HOUR
	22 02:00 E		1	Harry	F	Raymond	F	lhorn		DEATH MATED	14	25 19 81	M
	Part of	3. SE		5.	DATE OF BIRTH	1918 6. AGE (IN YEAR 6. AGE)	DAY) MONTE	DER 1 YR. IF UNDE	R 24 HRS. 2c.	DATE	MONTH	DAY YEAR	2d HOUR 8:20A
	E 30 5 6			ite J	uly 7,		YRS.			DEAD	12	25 1981	0.20A
•	NECES S FOR WITH	Wa	rthplace (State or reign country) Oh:	io	U.S.A.		WIDOW		RIED L	Baltimore cit	e Cour	ity,	MD
	DELAY IS TO THE F N PAGE DS, 201 V	C	atonsville	-/	1710 57	arkhaolenion Znehayen A	venue	ER INSTITUTION	Chen	OCCUPATION TOE-WORKING LIFE)	Sta	OR INDUST	
21201	ATH. IF ANY DE S.1, 2, AND 3 TO PM 3. RETAIN UD 2 SHOULD B CALL RECORDS		TATE Md.	ASING HOME OR OF	THER INSTITUTION, GIV	RESIDENCE BEFORE ADMIS 13. CITY OR TOWN Catonsu	SIONI	13d INSIDE CITY LIMITS?	3 SIREET 710	ADDRESS Rock!	naven	Ave.	Dept
RE, MD.	EATH. IF PM 3.	14. F/	THER'S NAME GEORGE	M	IDDLE	Pilhorn		15. MOTHER'S MAII Pauli	ne	WIDDLE		Miller	
BALTIMORE, MD. 2120	JRS AFTER DEATH  B. GIVE PAGES 1. WITH FORM PM. T. PAGES 1 AND 2 DIVISION OF OUR	16a. \	VAS DECEASED EVER		FORCES?	294-09-2		Mrs. Id	atons				
201 W. PRESTON ST.,	UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONG W RIAL - TRANSIT FERMIT. D MENTAL HYGIENE, D ON, OR REMOVAL.		18. CAUSE OF DEATH PART I DEATH W.  980. O  Conditions, if a gave rise to couse (o) stoting lying cause last.  PART 2 OTHER SIGNIFICANT	AS CAUSED BY IMMEDIATE Comp, which immediate the under-	AUSE (a) ACU DUE TO, OR (b) DUE TO, OR (c)	for (o), (b), and (c).)  te carbon  AS A CONSEQUENCE  AS A CONSEQUENCE	OF OF					APPROXIMAL BETWEEN ONSE	E INTERVAL
DIVISION OF VITAL RECORDS,	HOULD BE EXECTED THE MEDING." THE MEDICAL USED AS A BUI OF HEALTH AN OR HEALTH AND THE MEDICAL CREMATING THE MEDICAL CREMATI	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDIT	ION FOR WHICH OPE	ERATION W	AS PERFORMED?				20. AUTOPSY	?
ATA A	SHOUL CHIEF CHIEF TOF H	Ĕ			The state of							YES XX	NO 🗆
0	MEN WEN		UNDERLYING		11b. TIME OF HOUR A.M.	MONTH DAY YEA	AR	OW INJURY OCCUR				RT 2)	
NO NO	SE CONTRO	SA	CONTRIBUTING	CAUSE OF DEA		12/25/\$1		aled exha	ust fun	es from	auto		
DIVIS	is this certificate should be writing the word "pe rwarded to the chief a space should be used, state department of hele i, 21201 prior to burel, (	MEDICAL	21d. INJURY OCCURR WHILE NOT Y AT WORK AT W		21e PLACE C STREET, FACTI BAT	OF INJURY (AT HOME, ORY, FARM, ETC.)		TATION O Rockhav	en Ave	Catons	ville <sup>co</sup>	Bälto.Co	. Md
•	TO MEDICAL EXAMINER: THE CERTIFICATE, WAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STE BALTIMORE, MARYLAND, 21		220. I certify that I death resulted fram ACTUAL SIGNATURE	10		Acada S	Autop Suicide M	y X, Inspect Hamicide  SPECIFY) Deputy Cl	Undeterm	Inquiry ,	and in my ap , DATE SIGNI	Dinian 12/26	/81
	TO MEDIC EXECUTE T PAGE 4 SI TO FUNER AFTER DEA BALTIMOR	p est	EXAMINER'S NAME (TYPE OR PRINT)	Thon	nas D. Sr	mith, M.D.	7	ADDRESS	IPenn S	t. Ba	Ito., N		
	Bb———	23a. E	URIAL, CREMATION, RISPECIFOR PROMISE	ion 12	2729/81	Loudo	n Par	r CREMATORY rk Cemet					
	DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECTOR &	136 Edi	tuneral Est	va.		25a. DAI	JEC Z	GISTRAR 256 R	Tiene	DNATU Y	Chia
1 - 12	15M 2/80			Catonsoil		52.8		-	-				

No. Children of the State of th A STATE OF THE STA Markette Land 115 . All the street of the street Committee and Colored State of the Address of the Country of the Colored State of the Colored

		1.	FOR STATE REGISTRAR			- DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAI ICATE OF DEATH		NE 8 1	O.	3 1	0 2	2 /
death death			CEASED NAME FOR PRINT)	IRST	V.	AIDDLE		ler	20	DATE OF DEATH	MONTH 2	DAY YEAR 08 81	2b H	PM
(4)		3. SE	Male		RACE Whit	e	5 DATE C	F BIRTH DAY YEAR 14 26	\R	AGE [IN YEARS LAST BIR	THDAY)	IF UNDER 1 YE		NDER 24 HRS
on 74 to	35	7a. B	RTHPLACE (STATE OR FORE COUNTRY)  Maryland		U.S		WIDOWE			Baltimore city o				MD.
by the	00		Baltimore	=	1523	Langfo:	rd Ro	R OTHER INSTITUTION	N 12	usual Occupation of work for most of Engineer	ON OF WORKING	G LIFE) 12b. KINE INDUSTI	OF BUS	otors
filled in	3/	13a. S		Balt	HER INSTITUTION	Balto.	ADMISSION)	13d INSIDE CITY LIMIT		e STREET ADDRESS 1523 Lan	afo			
completely 1 and 2 sh	30	14 FA	John	MID	DLE	Pille	c	15. MOTHER'S MAIDE	large	MIDDLE			vle	
S. Pages 1	/		VAS DECEASED EVER IN (ES. NO OR UNKNOWN) (1)	U.S. ARME FYES, GIVE W		166 SOCIAL SECU 219 10		17 INFORMANT	Ida nt 4	Mae Pil	ler	1523	Lan	afora
n signed by the attending phys. Then please remove corbon pot it a burio, cremotion, or remove injury or other transmitters event.		NOI	18 CAUSE OF DEATH (E PART I. DEATH WAS IM.  Conditions, if ony, will gove rise to immed couse (o), storing underlying couse PART 2 OTHER SIGNIFICATION COUNTY TO SIGNIFICATION COUNTY TO SIGNIFICATION COUNTY TO SIGNIFICAT	CAUSED E MEDIATE (  hich iote the ost.	DUE TO, OF  DUE TO, OF  (b)  DUE TO, OF  (c)  C1	Mycard:  RAS A CONSEQUE  RAS A CONSEQUE  COhn's I	ial ] NCE OF NCE OF Disea	infarction attriction asse of sm.	and	bowel ar	nd c	Imr	medi 12 y 12	nteval and peath ate rrs. yrs.
te has been sit permit. I giene prior shows any ii		CERTIFICATION	19a DATE OF OPERATION	٧	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED		200 AUTOPSY?	IN CER	YES, WERE FINE TIFYING CAUS YES []	SES OF DE	ISED EATH?
certificate h prial-transit p tental Hygier	(3)	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	21b. TIME OI HOUR A.A P.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 1	B PART I OR PART	?)	
After this e os the bu olth ond M		MEDI	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY		STATE
RECTOR: A ned for use ppt. of Heoli em 21 is mo			220.1 certify that (I) (the saw the deceased a above, (I) (we) (did) 22b. SIGNATURE	live on	12/8	/81 19		d that in (my) (our) op:	70 pinion dear	th occurred on the do				
TO FUNERAL DI should be detack with the State De			Howard 22d PHYSICIAN'S NAME			Kin)	h.1)	22e ADDRESS	IAN UD	REDICAL STAF	IAN 🗌	12	2 - 9	1/8-3/
TO FUN should b	1	230 E	Howard E URIAL, CREMATION, REA SPECIFY Burial	MOVAL	23b. DATE	23c N		827 Lind	ORY	23d LOCATION		to., M		
P H=16.50M 1/8 VRA 15, 4)	1		INERAL DIRECTOR	terling	Juneral mondson	Estate	St.	Joseph's		nt. Tex		Mary I		
		=			le did							420		

May July Just Peller 1923 Land Note duries the day of the part of the form the terms of the t The second state of the



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and Mental Hygie

sho 8

morkedor

FOR

- STATE

COUNTRY Delaware

3. SEX

REGISTRAR DECEASED NAME TYPE OR PRINTS

Female

II. CITY OR TOWN OF DEATH

Catonsville

(UNKNOWN)

NOT WHILE

23a. BURIAL, CREMATION, REMOVAL

USUAL RESIDENCE (IF NURS

Maryland

14 FATHER'S NAME

NO

CERTIFICATION

MEDICAL

& BIRTHPLACE (STATE OF FOREIGN

Bertho

4 RACE

MIDDLE

ARMED FORCES?

236. DATE

White

7h CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

LAST

16b SOCIAL SECURITY NO

Haymond

STATE OF MARYLAND

DATE OF BIRTH MONTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	0.				
	20 DATE OF DEATH	MONTH	DAY	YEAR	25 HOU	R_
	- 57%	12 -	30.	81	1 1	2
	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDER	24 H
3	98	VDC	MONTHS	DATS	HOURS	MI

1883 Nov. 24 9. BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED WIDOWED

DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Baltimore County TYPE OF WORK FOR MOST OF WORKING LIFE House wife

INDUSTRY Own Home

12b. KIND OF BUSINESS OR

LAST

Summit Nursing Home

17 INFORMANT

Baltimore

YES X NOF 15. MOTHER'S MAIDEN NAME FIRST

13e. STREET ADDRESS 4304 Furley Ave.

CITY OR TOWN

(UNKNOWN) Crofton, Md.

21114

110	1213-42-12/1 COMM W. LICCHEL, TOTA ADELGEN CIL	
PART I. DEATH WAS CAUSED 8		H
0389 Conditions, if ony, which	DUE TO, OR AS ACONSEQUENCE OF	
gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101	

19a DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUT		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
				YES 🗌	NO	YES 🗌	NO 🗌		
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER N.	ATURE OF INJUR	Y IN ITEM 18 PART T OR PART	2)		
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR							
(IF EITHER, NOTIFY MEDIC ALEXAMINER)	P.M.	19							
214 IN ILIPY OCCUPPED	21. DIACE OF INJUIDA		2H LOCATION						

STREET

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive or and that in (my) (our)-opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23c. NAME OF CEMETERY OR CREMATORY

21214

LOCATION CITY OR TOWN

STATE

COUNTY

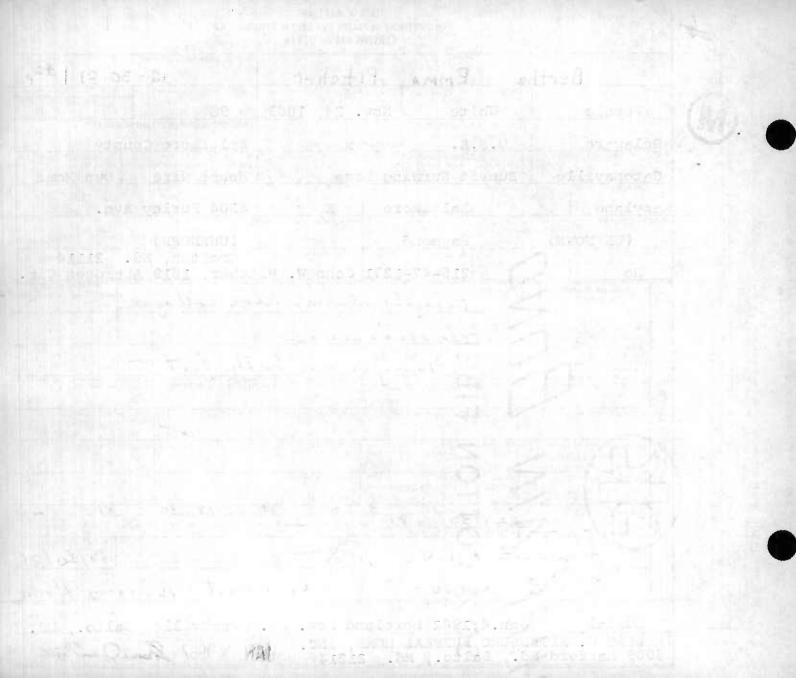
Jan. 4, 1982 | Moreland Mem. Pk. Burial Parkville Balto ROBERT CR. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md.

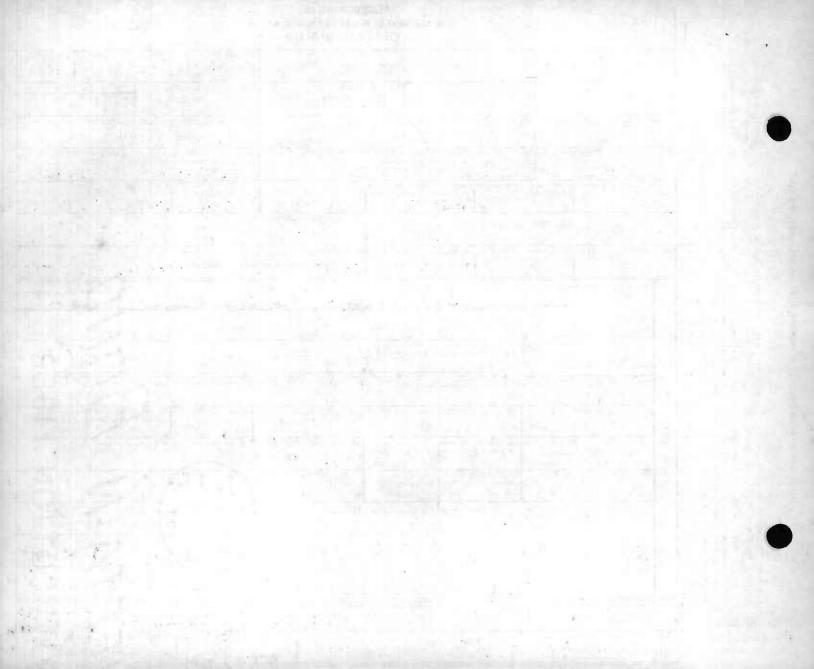
DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

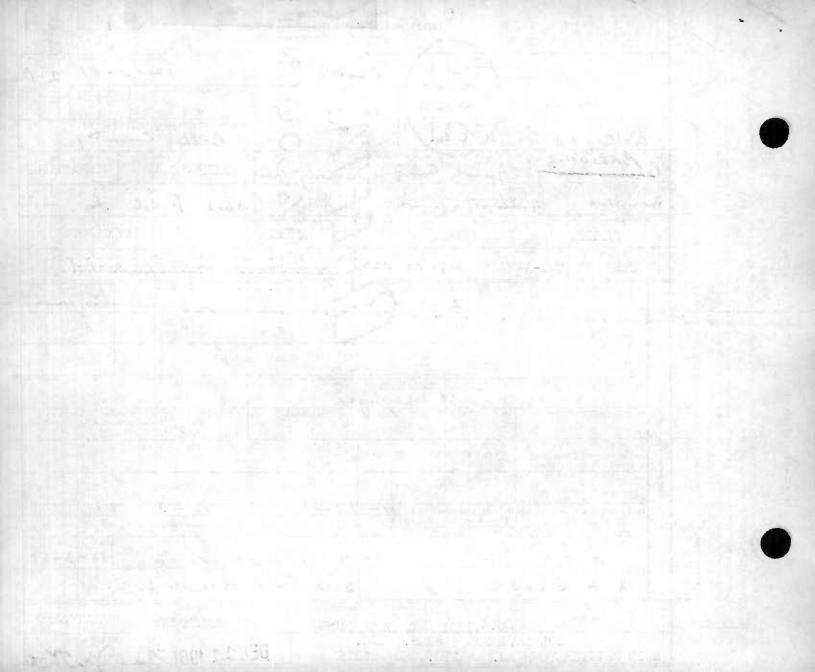
should be detached with the State Dept.

MPORTANT





8	ti	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 3 1    REGISTRAR CERTIFICATE OF DEATH  REG. NO.	0 3 1
A) to	I DE	Samuel Prock 12-3-6	YEAR 26 HOUR 2 P. M
oge 4 ma	3. SE	m- ALE WHITE MONTH DAY YEAR YEAR YES. MONTHS	DAYS HOURS MIN.
deoth. Po		BIRTHPLACE (STATE OR FOREIGN TO COUNTRY?   MARRIED   NEVER MARRIED   BALLY COUNTRY OF DEAL COU	MD.
12D1  Ours ofter in by the fe filed with	) B	Brown (IFACTIN SUCH FACILITY, COWE STREET ADDRESS) Throng How (TYP MEYCHAN OF OF WORKING LIFE) IN A	WTOMOBILE
LAND 2 LAND 2 him 24 ho should b	130	manyland MS COUNTY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Car. 21215
MARY umpletel	)	FATHER'S NAME SAMUEL PROCK LAST AMELIA MIDDLE UNKN	OWN*
BALTIMORE, cate be execut appers. Pages 1 pages val.		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MINNIE PROCKDORES 3601 FOR XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DS LA.
201 W. PRESTON ST., es that the death certific ned by the attending phylosos remove carbana urial, cremotion, or remotivity, or other traumatic even	CERTIFICATION	PART 1. DEATH WAS CAUSE BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P.	
TAL REC The lov The lov icion. The hos b right perm givene pri givene pri	RTIFIC	IN CERTIFYING C. YES NO YES NO	AUSES OF DEATH?
DIVISION OF VITAL RECORDS, NO PHYSICIAN: The low requir r attending physician. ther this certificate has been sign of sthe bunitol-tronsit permit. Then thond Mental Hygiene prior to b orked arr frem 18 shows ony injury	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d, INJURY OCCURRED  21e PLACE OF INJURY  (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  WHILE NOT WHILE CITY OR TOWN  COU	
OR ATTENDO e hospitol or DIRECTOR: A ched for use Dept. of Head Hem 21 is m		220. I certify that (I) (this hospital) attended the deceased from 1/2 - 28 - 57 19 to 1/2 - 3 19 57 19 sow the deceased alive on 1/2 - 27 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	that (I) (we) lost om the causes stated  DATE SIGNED  2 - 3 - 8 /
TO HOSPITAL of the control of the co		22d PHYSICIAN'S NAME (TYPE OR PRINT)  A. A. SILVER  220 ADDRESS BZIO PARK HEICHTI AVE.	3-81
7720 BP	230	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF LOWER BALTIMORE COUNTY	MARYLANDATE
DHMH - 16 50M 1/B1 (VRA 15, 4)		FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.  6010 REISTERSTOWN RD. BALTO., MD 21215  EVINERAL DIRECTOR BY REGISTRAR 256 REGISTRA	IGNATURE



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1	FOR - STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N			
		CEASED NAME	FIRST	MIDDI	DLE	1.	AST	20. DATE OF DEATH		AY YEAR	26 HOUR
			rmella			Randa	azzo	December	25, 1	981	
	3. SE	Х	4 R	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HR
		Female		White	1300	Augi	ust 7, 1888	93	YRS.	ONIHS DAYS	HOURS MIN
00	7a B	IRTHPLACE (STATE OR FO	OREIGN 76 (	CITIZEN OF WHA		8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O	_		
5//		Italy		U.S.A.		WIDOWE	DX DIVORCED	Baltimor		ity	M
90		Towson	/	Valle	CILITY, GIVE STREET,  CY NURS.	G HOME O	or other institution enter	120 USUAL OCCUPATION OF THE HOUSEWIF		12b. KIND O INDUSTRY	F BUSINESS O
35		AL RESIDENCE (IF NURSTATE  Maryland	THE COUNTY		CITY OR TOW Baltimo	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREEL 105 RESS	ir Oak	s Ave	
Somine Somine	14. F/	Joseph	MIDD	Di:	Talia		15 MOTHER'S MAIDEN NAM	WE MIDDLE	Di su	<b>2</b> AS	
medicol	16a \	WAS DECEASED EVER II YES, NO OR UNKNOWN) NO	N U.S. ARMED (IF YES, GIVE WA	0.00 D . 150.	SOCIAL SECU 213-28-		17 INFORMANT Mrs Lucy M	Stærkloff	ESS	Same	
ū		1 4/4//									
ijury, or ather traumotic	NO	Canditions, if any, gove rise to immucause (o), stoting underlying cause	ediate the last.	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)	S A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
ws ony injury, or	TIFICATION	gove rise to imme cause (o), stoting underlying cause	ediate  the last.  IFICANT CON	(b)	S A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	IGS USED OF DEATH?
m 18 shows ony injury, or	CAL CERTIFICATION	gove rise to imme cause (o), stoting underlying cause  PART 2 OTHER SIGN.  19a. DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA	ediate g the last  IFICANT CON  ION  ERLYING  AUSE OF DEATH	DUE TO, OR AS  (c)  DITIONS CONTI  19b CONDITION  21b. TIME OF IN HOUR A.M.	S A CONSEQUE  RIBUTING TO D  N FOR WHICH	DEATH BUT I		200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED
18 shows ony injury, or	MEDICAL CERTIFICATION	gove rise to immediate (o), storing underlying cause  PART 2 OTHER SIGN.  19a DATE OF OPERATI	ediate y the lost.  IFICANT CON  ION  ERLYING ALEXAMINER)  ED	(b)	RIBUTING TO E  N FOR WHICH  UURY  MONTH DA	NCE OF  DEATH BUT  OPERATION  Y YEAR  19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
Hem 18 shows ony injury, or		gove rise to immediate to immediate (oi), storing underlying cause  PART 2 OTHER SIGN.  19a. DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL  21d. INJURY OCCURRE	ediate  1 the  lost.  IFICANT CON  IFICANT CON  ION  AUSE OF DEATH AL EXAMINER)  ED  1th is Trospinal (  d alive on	DUE TO, OR AS  (c)  19b. CONDITION  21b. TIME OF IN HOUR A.M. P.M.  21c PLACE OF IN (AT HOME STREET, F	RIBUTING TO DE  RIBUTING TO DE  N FOR WHICH  IJURY  MONTH DA  NJURY  FACTORY, OFFICE, FA	NCE OF  DEATH BUT I  OPERATION  Y YEAR  19  ARM EIC )	21c. HOW INJURY OCCURR 21f LOCATION STREET  4 that in (my) (our) opinion of	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do	20b. IF YES, IN CERTIFY YES  RY IN ITEM 18 PAF	WERE FINDING CAUSES  TI I OR PART 2)  COUNTY	STATE
T: If them 21 is marked or them 18 shows ony injury, or		gove rise to immediate to immediate (o.), stoting underlying cause  PART 2 OTHER SIGN.  19a. DATE OF OPERATI  21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIB	ediate  The  Inst.  IFICANT CON  ION  ION  AUSE OF DEATH ALEXAMINER)  ED  LE  INST INSTITUTE  INSTI	DUE TO, OR AS  (c)  19b. CONDITION  21b. TIME OF IN HOUR A.M. P.M.  21c PLACE OF IN (AT HOME STREET, F	RIBUTING TO DE  RIBUTING TO DE  N FOR WHICH  IJURY  MONTH DA  NJURY  FACTORY, OFFICE, FA	NCE OF  DEATH BUT I  OPERATION  Y YEAR  19  ARM EIC )	216. HOW INJURY OCCURR 216 LOCATION STREET  4 19 4 that in (my) (our) opinion of	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAR	WERE FINDING CAUSES  RT 1 (OR PART 2)  COUNTY	STATE
RTANT: If Hem 21 is marked or Hem 18 shows ony injury, or		gove rise to imme cause (o), stoting underlying cause  PART 2 OTHER SIGN.  19a. DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL CONTRIBUTION COURTS (IF EITHER NOTIFY MEDICAL CONTRIBUTION COURTS (IF EITHER NOTIFY MEDICAL CONTRIBUTION COURTS (IF EITHER NOTIFY MEDICAL COURTS)  22a. I certify that (I) (saw the decease obove, (I) (was the decease obove, II) (was the decease obove, III) (was the decease obove) (wa	ediate g the last.  IFICANT CON  IFICANT CON	DUE TO, OR AS  (c)  19b. CONDITION  21b. TIME OF IN HOUR A.M. P.M.  21c PLACE OF IN (AT HOME STREET, F	RIBUTING TO DE  N FOR WHICH  IJURY MONTH DA  NJURY FACTORY, OFFICE, FA  Coccessed from	OPERATION  Y YEAR  19  NRM. EIC.)	216. HOW INJURY OCCURR  216 LOCATION STREET  19 d that in (my) (aux) opinion of Physician (my) (aux) 226 ADDRESS  8604 Harfor	200 AUTOPSY? YES NO CITY OR TO CITY OR TO  MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAF	WERE FINDING CAUSES  RT 1 (OR PART 2)  COUNTY	STATE  ST
NVT: If them 21 is marked or them 18 shows ony injury, or	WEDICAL 23n E	gove rise to imme cause (o), stoting underlying cause  PART 2 OTHER SIGN.  19a. DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL CONTRIBUTION COURTS (IF EITHER NOTIFY MEDICAL CONTRIBUTION COURTS (IF EITHER NOTIFY MEDICAL CONTRIBUTION COURTS (IF EITHER NOTIFY MEDICAL COURTS)  22a. I certify that (I) (saw the decease obove, (I) (was the decease obove, II) (was the decease obove, III) (was the decease obove) (wa	ediate  The lost.  IFICANT CON	DUE TO, OR AS  (c)  19b. CONDITION  21b. TIME OF IN HOUR A.M. P.M.  21e PLACE OF IT (AT HOME STREET, F.  ottended the de	RIBUTING TO D  N FOR WHICH  USURY MONTH DA  NJURY FACTORY, OFFICE, FA  Pri death,  M. D.  23c N	NCE OF  PEATH BUT I  OPERATION  Y YEAR  19  ARM. ETC.)  AME OF CE	216. HOW INJURY OCCURR  21f LOCATION STREET  21f LOCATION STREET  ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO  MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAF  TOTAL T	COUNTY  COUNTY	STATE  ST

DEC 29

Leonard J Ruck Inc. Baltimore, Maryland

AND SOME TO SERVICE STATES

20	1/	FOR			DEPART	STATI MENT OF H		ANDM		VGIENE	-	-7		0 3	2
	1	= STATE REGISTRAR				EXAMINE				9	/	REG. NO.		33 0	9
		DECEASED NAM	AE FIRST		MIDDLE			LAST			a DATE K	NOWN D	MONTH [	DAY YEAR	2h HOUR
LASE CTOR. FILES. OURS		THE OR PRINT)	ELI	ZABETH		C.		RAU			OF DEATH	MATED A	ansh	25084	8 FM
A STATE OF	3. 9	EX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR:			IF UNDER		RONOUNG	CED	MONTH	DAY YEAR	2d. HOUR
1906	-	F	W	9/18/04		77 YRS			, iooko		DEAD	Yeca	mle		830 M
NO. SEA	70	BIRTHPLACE (		76. CITIZEN OF W	HAT COUN SA			ED NEV		IED 🔲		PE CITY OF	•		
EFU EB,	10	Maryla CITY OR TOWN		II. NAME OF HOS			WIDOW		DIVORC	1		imore	or work 112h	KIND OF BI	MD.
DELAY BATTO THE NIN PAGE FILE REDS, 201	10	Towso	n	Dulaney	CILITY GIVE	VSON NU	ursi	ng H	ome	FOR M	ost of work	ING LIFE)	C	OR INDUST	ome
ANY AND AND RETA TOULE		ual residenci State Maryla	13b. COUN	or other institution, G TY imore	13c CITY	E BEFORE ADMISSION OR TOWN NSON	1)	13d INSIDE (I	NO A	13e 30	E ADDRES	S Joppa	a Roa	ad	
0 00"2	H	FATHER'S NAM	E	MIDDLE		LAST		15. MOTHE	R'S MAIDE		MIC	QDLE		LAŞI	
DEAT OF Y	50	Laur			ansto			13 0 05 05 0		y (N	Mollie			Haîle	
BALTIMORE, S AFTER DEAT GIVE PAGES TITH FORM PA PAGES 1 AND	1	(YES, NO, OR UNKN	D EVER IN U.S. AR. OWN) (IF YES, GIVE	WED FORCES? WAR OR DATES)		-05-76		17. INFORM		linor	Sch	roder	,	Md.	
F VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MI E SHOULD BE EXECUTED WITHIN 24 HOURS AFIER DEATH, WORD "FENDING" IN PENCIL IN 1TEM 18, GIVE PAGES 1, BE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 18 BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2, BURIAL TRANSIT PERMIT PE	ON, OR REMOVAL.	PART I D	EATH WAS CAUSE	DUE TO, OR	AS A COL	NSEQUENCE OF	Tie	tory	Fire	De/u	ve em	12 06	ing	APPROXIMATE BETWEEN ON STATE OF THE PROXIMATE OF THE PROX	
AL RECORDS, OULD BE EXECT D "PENDING" IRE MEDICAL ISED AS A BUR MENTH AND	C C C C C C C C C C C C C C C C C C C		FOPERATION	CONTRIBUTING TO DEATH		WHICH OPERA				RT 1 (a).				20 AUTOPSY	?
F VITA  TE SHO WORD  TE CHIE		21g. EXTERN	AL CAUSE WAS	21b. TIME O	FINJURY		21r HC	W IN ILIPY	OCCUPPE	D (ENTER N	ATHRE OF INITIO	IRY IN ITEM 18 PA	DT I OR BART 21	YES 🗌	NO 3.
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." RED TO THE CHIE R 3 SHOULD BE USE TE DEFARMENT OF HE	3		G OR ING CAUSE OF		١.	19			OCCORNE	D (E. VER III		A RATION ID CA	NI I ON I ANI 23		
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TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: A PITER DEATH, WITH THE ST	5		ted frame Notu	e of the remoins de	Accident	ove, held on Suici	Autaps	Homic  TINE (SI	Inspection	Undeter	Inquiry Trmined mar	nner .	DATE	i2/8	181
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V		CEASED NAME FIR	51	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
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23c. NAME OF CEMETERY OR CREMATORY

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24 FUNERAL DIRECTOR Henry Sander & Sons, Inc. Balto., Md. 21213

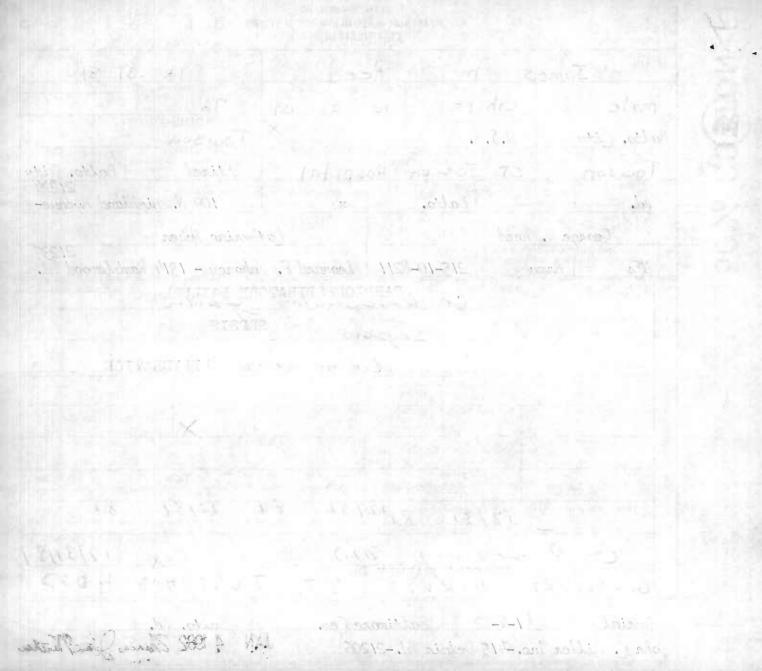
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23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN [TYPE OR PRINT] ESTI-E. DEATH MATED Doris Reilly 6 1981 4. RACE 3. SFX . DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 3:15A June 17, 1914 67 DEAD Female | White 6 198 Th CITIZEN OF WHAT COUNTRYS To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED X DIVORCED Baltimore County 3. RETAIN PAGE 5 SHOULD BE FILED AL RECORDS. 2011 10. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Towson Joseph's Hospital Ret. Kitchen Supervisor USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balt. Md. 21234 13g. STATE 113b. COUNTY 13d. INSIDE CITY LIMITS? Baltimore Oakleigh Road Maryland Baltimore 7724 HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. USED AS A BURIAL-TRANSIT PERMIT. PAGES I AND 2 SI OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RIAL, CREMATION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST Walter Anna Sunderland Agnor 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Glen Arm, Md. 16b. SOCIAL SECURITY NO 17. INFORMANT Son: LYES NO OR LINKNOWNS No 215-03-4624 Richard S. Reilly 3 Chickory Ct. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, of ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE SHATMORE, MARYLAND, 21201 PRIOR TO BURIAH, YES T NOX 21a. FXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. CITY OF TOWN STATE Inspection X 22a. I certify that I took charge of the remains described above, held on Autapsy Inquiry Homicide Undetermined monner TITLE (SPECIFY) ACTUA1 DATE Deputy ChiefMEDICAL EXAMINER 12/7/81 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto. MD. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Maryland STATE Dec 9 Baltimore National Catonsville Burial 1981 BP. DEC 8 1981 THE REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHAH-17 DEC Baltimore, Maryland (VR A15 ME (5)) Leonard J. Ruck, Inc. 15M 2/80

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	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 1 3	10	38
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WOODLAWN MEMORIAL FH 6111 Windsor Mill Rd

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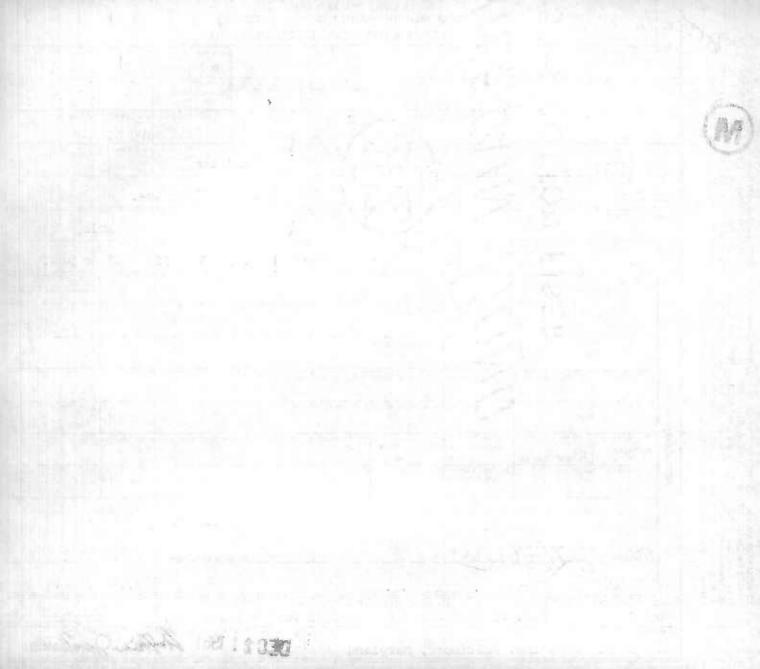
DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME OR DATE KNOWN XX MONTH ZE HOUR (TYPE OR PRINT) ESTI-RECTOR.
IR FILES.
HOURS
STREET. 16 19 81 Robert Rhodes DEATH MATED 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 16 10 81 8:25P male white Dec. 27, 1924 5 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR MARRIED T NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore County WIDOWED DIVORCED West Virginia 128. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Painter OR INDUSTRY 7815 Wilson Avenue Parkville USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland T3d. INSIDE CITY LIMITS? 7815 Wilson Ave. NO P WITH FORM PM 3.

IT. PAGES 1 AND 2.5H

DIVISION OF VITA 8. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Bridgett MIDDLE Hanley Rhodes George ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 218-12-5271 Genevieve L. Rhodes 7815 Wilson Ave. Yes APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI IRIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Carcinoma of lung IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION E 3 SHOULD BE USED / DEPARTMENT OF HE/ 31 PRIOR TO BURIAL, C 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO XX 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING TO PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOU AFTER DEATH, WITH THE STATE DEPART BALTIMORE, MARYLAND, 21201 PRIOR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN COUNTY STATE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion Undetermined manner death resulted from: Natural causes Accident Homicide TITLE (SPECIFY) ACTUAL DATE 12/17/81 M.D.Assistant SIGNATURE \_MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn Street, Balto., MD 21201 Hormez R. Guard.M.D. (TYPE OR PRINT) 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE STATE Burial Dec. 21,1981 Moreland Memorial Park Baltimore, Maryland BP 24 FUNERAL DIRECTOR **DHMH-17** Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5))

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STATE OF MARYLAND



FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AN

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Sterling Juneral Estates 24. FUNERAL DIRECTOR 736 Edmondson Ace.

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23d. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery—Baltimore, Md.

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STATE OF MARYLAND

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		sow the deceased alive on 12-05 19 81, and that in (my) (aut) opinion death accurred on the date and habove, (I) (we) (did) (did not) view the bady after death.									or and fram the	couses stated	
		226 SIGNATURE	NUL			May 1	DEGREE	1775, 104 10	usels u		22c. DATE	SIGNED	
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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74. FUNERAL DIRECTOR
NAME
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Balto., Md.

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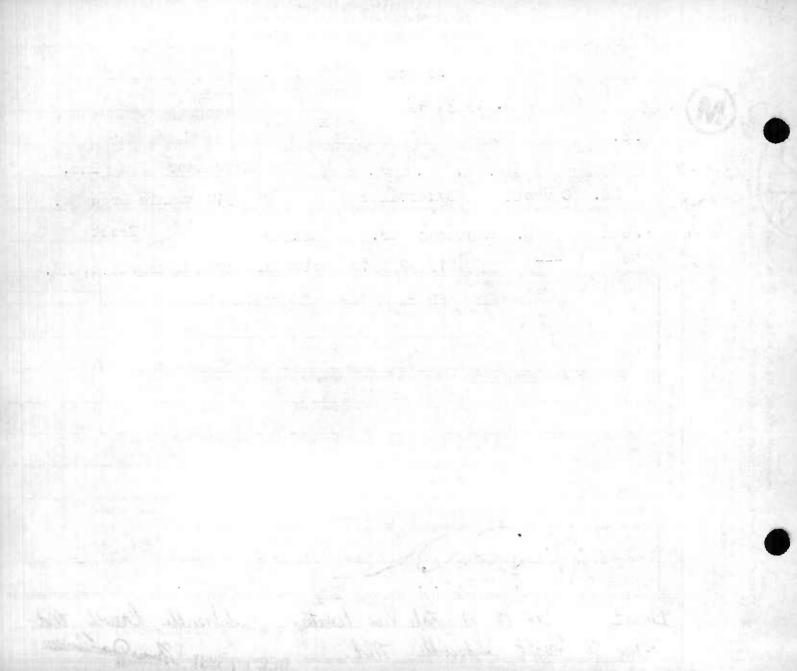
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quires that the death certi	signed by the attending F Then please remove carbon to burial, cremation, ar ren njury, ar ather traumatic ev	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)			N IN PART 1(o)
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A O a A A S		Randall:					DOA)		Rec.	ruiter		Ir	ns.	
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO, F. MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN DI ED AS A BURIAL-TRANSIT PERMIT. PAGES I AND 2 SHOULD BET HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, AL, CREMATION, OR REMOVAL.	13a S	TATE MC	THE COLIN	roll	13 CITY OR TO		13d. INSIDE (	CITY LIMITS?		10 Bon	nie B	rae	Rd.	
MD. MD. M. 3. V. 3	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTH	ER'S MAIDE	N NAME	MIDDLE			LAST	
AND	_	John		W. Ro	oinson	Sr.	Es	ther				ott		
SATER DEA GIVE PAGES FINE PAGES INTER FORM PA INTERIOR OF VIVISION OF VIVI	16a V	AS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SEG	-40	17 INFOR	MANT		ADI	DRESS			
BAL GIVISION SAF					215 32		Bel	va Ro	obin:	son Sy	kesvi		Md.	
HOURS M 18. G WIT WO WIT RMIT. P INE, DIV.		18. CAUSE OF PART I DE	ATH WAS CAUSE	D BY:	e far (a), (b), and (c		E HO					BET	APPROXIMATE WEEN ONSET	AND DEATH
O 24 L LON SIEN VAL		42	9 IMMEDIA		rterioscl R AS A CONSEQUE		cardi	ovasc	ular	disease				
PRESTON ITHIN 24 H ICH IN ITEA LER ALON ANSIT PER AL HYGIEN REMOVAL			is, if any, which		K AS A CONSEGUE	INCE OF								
W. W			e to immediate stating the under-		R AS A CONSEQUE	NCE OF								
EXECUTED ING. IN PERCENTED ING. IN PERCENTED ING. IN PERCENT A BURIAL. A AND MER WATION, C	-	lying caus	se last.	(c)										
SXEC SAL SAL BUR AATIO		PART 2 DINER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H RUT NOT RELATED TO TH	E TERMINAL DISE	ASE DR CONDITIO	N GIVEN IN PAR	RT 1 to .					
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TOWER THE SE		210 EXTERNA UNDERLYING	OR		M. MONTH DAY	YEAR 21c	HOW INJURY	OCCURRED	D LENTER NA	TURE OF INJURY IN I	TEM 18 PART 1 OR	PART 2)		
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU OI PRIOR	MEDICAL	CONTRIBUTING	G CAUSE OF		M. OF INJURY (AT HO	9 MF   21f	OCATION							
DIVISION OF VI  TO MEDICAL EXAMNER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE CA FO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIQR TO BU	ME	WHILE AT WORK		STREET, FA	CTORY, FARM, ETC.)	mi, [21] [	STREET			CITY OR TOWN	C	COUNTY		STATE
ATE, ORW ORW TE ST. VD, 2		22a I certif	y that I taak charg	e of the remains de	escribed abave, held	an Aut	opsy X.	Inspection	1 .	Inquiry .	and in my	apinian		
MAN BE F F THT		death resulte	d fram:   Natur	ral causes	Accident,	Suicide	, Hami	cide .	Undeter	mined manner				
PIE CERT		ACTUAL	hu					SPECIFY)				115		
ATH ATH A	1	SIGNATURE_	AIN	1	NA		M.D. ASS	istan	T_MEDIC	AL EXAMINER	DATI	NED_L	2-15-	81
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	4	PECIFY)	ION, KEMOVAL I	12-18-	71 Zal	COMETERY	OR CREMATE	ORT	citro	11	Pas	IL's	- W	7
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DHMH - 17 (VR A15 ME (5) )		Harry	W. Hay	ant sti	kerrelle.	MA		U	0	EGISTRAR 25b.	2	hans	Jack Line	
15M 2/80				<del></del>	*			O.L	317	1361	HATOL III	-		



to

FOR STATE . STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

GIENE 8

1044

	REGIS	STRAR				CERTIF	ICATE OF DEATH	Н	REG. NO	).		
	1. DECEASED		FIRST	1	MIDDLE	l l	AST		2a. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	(TITE OR PRIN)		ARTIN	JA	MES	ROCK		- 1	DECEMBER 2	23. 19	81	8:00P M
	3. SEX			4. RACE		5. DATE C		6	AGE IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
	MALE			WHITE		MAY	10, 18	397	81	+ YRS	ONIHS DAYS	HOURS MIN.
m	7a. BIRTHPLA	CE ISTATE OR	FOREIGN 1	76 CITIZEN OF	WHAT COUNTR	Y? 8			BALTIMORE CITY OF		OF DEATH	
1	COUNTRY	JERSE	Y	U.S.A		WIDOWE	D NEVER MARRIE		BALTIMORE (	COUNTY		
-		TOWN OF DEA		11. NAME OF	HOSPITAL, NUR	SING HOME C	R OTHER INSTITUTIO		20 USUAL OCCUPATION		12b. KIND C	MD OF BUSINESS OR
9	TODO	HOWARD			DICAL CE				TYPE OF WORK FOR MOST OF	WORKING LIFE	STEEL	
7	USUAL RESI			OTHER INSTITUTION					Callkey		DIJUL	
5	MARYI	AND	BAL!	PIMORE	BALTIM		13d INSIDE CITY LIM	AITS?	8100 DUKLE	AVENU	JE	
2	14. FATHER'S	NAME		MIDDLE	LAST		15 MOTHER'S MAID	DEN NAM	MIDDLE		LAS	
C,	MICE				ROCK		ANNA	A	WIDDE		STUM	
Ī	16a. WAS DE	CEASED EVER		MED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRES	SS		
	YES	ik diakiad anaj	WW .	T WAR OR DAILS)	213 07	8513	CLINTCAL	RECO	RDS. VAMC.	FORT	HOWART	). MD
	18 CA	USE OF DEAT	H (Enter on	y ane couse per		7.7				2000		MATE INTERVAL ONSET AND DEATH
	PA	RT I. DEATH W		E CAUSE (a)	METASTA	TIC CA	RCTNOMA OF	TINK	NOWN ORGIN			MONTHS
		991	NAME OF THE PROPERTY OF THE PR	1. 1 14 7					VALUE VALUE AND			
	Cand	itians, if any,	which	( b)	r as a consec	DUENCE OF						
	gove	rise to imr	nediate	(0)								
		rlying cause	0	-1	R AS A CONSEC	DUENCE OF					30	
	PART :	2 OTHER SIGN	VIFICANTO	ONDITIONS CO	NTRIBUTING TO	O DEATH BUT	NOT RELATED TO TH	IF TERMIN	IAL DISEASE OR COND	ITION GIVE	N IN PART 10	
	S CHR						SE, ARTERI				ים אים	
5		TE OF OPERA					WAS PERFORMED	LOSCI	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
1	HE								YES NOTY	IN CERTIFY YES	ING CAUSES	OF DEATH?
3	21a. AC	CIDENT WAS UNE	DERLYING	216. TIME O			21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJURY			
7		NTRIBUTING (				DAY YEAR						
		JURY OCCUR		21e. PLACE (		19	21f. LOCATION			-		
	An Little C		OLE	(AT HOME STR	EET, FACTORY, OFFIC	E, FARM, ETC )	STREET		CITY OR TOW	/N	COUNTY	STATE
		270.1 certify that (I) (this haspital) attended the deceased from DECEMBER 17, 1981, to DECEMBER 23, 1981, that (I) (we) last										
	50	w the decease	ed alive on.	DIECHSVIBIE	R 23 19	Q <sub>4</sub>			ath accurred on the da			that (I) (we) last
	at	GNATURE	did) (did nat	view the bady	atter death.		DEGREE				22¢ DATE	
		/	211	on t	10 -		ATTEND		MEDICAL STAF		12-	24 41
	22d. PH	YSICIAN'S NA	AME (TYPE OF	PRINT	Y		PHYSIC 22e ADDRESS	IAN L	DIRECTOR PHYSICI	AN LX	1 1 0	01
		ABLE M						AT. CF	ENTER. FORT	HOWAT	RD. MD	21052
	23a BURIAL,	CREMATION,	REMOVAL	23b DATE		NAME OF C	EMETERY OR CREMA		23d LOCATION			<u> </u>
	SPETTE	emation		12/20			Mount Cem.		Baltimo	re, Mo	COUNTY	STATE

DHMH - 16 50M 1/8) (VRA 15, 4)

O FUNERAL DIRECTOR

injury, or other troumatic event, th

should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene priar to burial, crematian

MPORTANT: If Item 21 is marked or Item 18 shaws any

MITCHELL WEDEFIELD

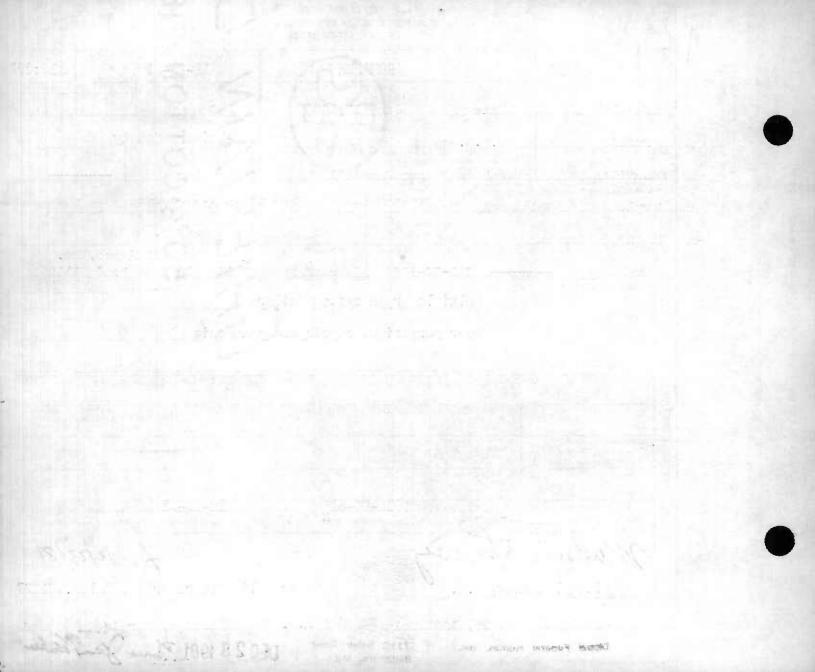
24 FUNERAL DIRECTOR

6500 YORK RD., BALTO., MDFC 2

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

00:30 (1981 1980 0:00) SOUND START OUT TO SEE START PROPERTY OF START The second secon STATE AND STATE OF THE PROPERTY OF THE PROPERT Greenwices 12/20/sl-c Green Nodek Cam. - Haltimore, did 12/2 STORE LE VERSET LE GEORGE POR BRENO. BALLOC DE LE REPORTE DE LE PROPERTIE DE L

	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	3 1	0 4 5
		EASED NAME FIRST ANNA	WIDDLE	ROM	ANUK	20. DATE OF DEATH	MONTH DAY YEAR 3-81	26 HOUR √12:05P
3/8	BIR	Female THPLACE (STATE OR FOREIGN	4 RACE  White 7b. CITIZEN OF WHAT COUNTRY?	5 DATE 6 MONT Jan 8	17,1898 YEAR	6 AGE (IN YEARS LAST BIR 83 9 BALTIMORE CITY O	YRS PEDINTY OF DEATH	S HOURS MIN.
ed of one		Russia Y OR TOWN OF DEATH	U.S.A.	WIDOW IG HOME		Baltimore	ON 125 KIND	MD. O OF BUSINESS OR
		SSVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET  Franklin Squar  OTHER INSTITUTION, GIVE RESIDENCE BEFORE	e_Hos	pital	(TYPE OF WORK FOR MOST O		RY
100	Ма	HER'S NAME	Ltimore Overle		13d. INSIDE CITY LIMITS?  YES NOTHER'S MAIDEN NAME FIRST	13e STREET ADDRESS 530 Old He		LAST
	a W	mon Bondarchul AS DECEASED EVER IN U.S. AR	ζ	IRITY NO.	Barbara 17 INFORMANT	(unknow		
E		No	213-74-3	355	Leonard Roman			21206
injury, or other troum	NO	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOUR  (b) Poor perf  DUE TO, OR AS A CONSEOUR  (c)  ONDITIONS CONTRIBUTING TO RESEARCH TO THE PROPERTY OF	usion ENCE OF	, sepsis and p		DITION GIVEN IN PART	1(0)
8 shows ony injur	S III	90. DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATIC		YES NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	NO [
- 7 4	- 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I ORPART 2	?)
rked or hem	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
n 21 is ma		obove, ( we) (did) ( X)	tol) attended the deceased from 12-23-81 19 view the body ofte death.		04-81 , 19 nd that in (Ny) (our) opinion o	, to12-23- deoth occurred on the do		e, that XII (we) lost he causes stated
ANT: If ther		Mulael	Hosney		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F / /2	23/81
WPORT		+ Michael Go	osney, M.D.			klin Square	Drive, Bal	to.,21237
	15	RIAL, CREMATION, REMOVAL PECIFY)  Burial  NERAL DIRECTOR			rinity R.O. Co		e, Maryland	STATE
1/B1 24	FUI	ALAMA - A	11011103, 11101	7110 E	Belair Road	C 2 8 1981		Wather



STATE OF MARYLAND

Thousan Sylvaster Form Lamble

Esito., W.

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must be patified of ance

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumatic event, the medical should be detoched far use os the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or remaval

	1 -	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENE 8   REG. N	3	1 0	4 /
		CEASED NAME OR PRINTI	bster		ompte	Ross	zell	Dec.			2b. HOUR
	3. SEX	x Male		4. RACE White		5. DATE O	H DAY . YEAR	6 AGE (IN YEARS LAST BIR		FUNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
5	(	RTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN		S.A.	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City of Baltimore	_		07 <sub>MD.</sub>
0		TY OR TOWN OF DEA	ΤΗ		H FACILITY, GIVE STREET	ADDRESS)	Dr.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Accountant	F WORKING LIFE)		of Md.
E	13a. S	AL RESIDENCE (IF NURS) STATE  Md.	13b. COUN Balt	ITY	Balto.		13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADDRESS 3533 Lyr	ine Hav	ven Dr.	
C	14. FA	THER'S NAME FIRST Willia	m	E.	Roszell		IS. MOTHER'S MAIDEN NAM Otheli	MIDDLE		laeser	
		VAS DECEASED EVER YES, NO OR UNKNOWN) NO			212-01-76		Ethel Roszell	3533 Lynn Baltimore		21207	
		18 CAUSE OF DEATH W  Conditions, if ony, gave rise to imm couse (a), statin underlying couse	AS CAUSE IMMEDIAT which nediate ig the	DUE TO, O	R AS A CONSEQUE	NCE OF	lug int	2 Matrit	1	BETWEEN O	ATE INTERVAL  NISET AND DEATH
	TION	E	255	w			NOT RELATED TO THE TERM				
1	CERTIFICATION	19a DATE OF OPERAT	TION	196 COND	ITION FOR WHICH	OPERATIC	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES (	
1	MEDICAL CEI	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA	P. 21e. PLACE	M. MONTH DA	19	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	686	COUNTY	STATE
	2	WHILE NOT WHAT WORK  220.1 certify that (I)	(this hospi	tol) attended th	e deceased from_		, 19	, to	, 19		hot (I) (we) lost
1		saw the decease above (T) we) (C) 22b. SIGNATURE 22d. PHYSICIAN'S NA	اروم	view the body	ofter death	) m	22 ADDRESS	DIRECTOR PHYSIC	FF	22c. DATE S	
1		SHE BURIAL, CREMATION, (SPECIFY) Burial	PEMOVAL	4			CEMETERY OR CREMATORY ew Mem. Park	23d. LOCATION CITY OR TOWN Sykesv	ille,	es rop, 2/ Carroll	STATE Md.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

etained by the hospitol ar TO FUNERAL DIRECTOR:

Owings Mills, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Page 2, 2005	313-42	11-6342	- 1-16	
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of the state, Cornoll,	in	5.1981		Contract
Dan Dan St. 1881 1886				

	FOR			S DEPARTMENT (	TATE OF N	ARYLAND	HYCIEN		.5 1	n a	2
	STATE REGISTRAR			DICAL EXAM				- DEC	6. NO. /		
	CEASED NAME	FIRST		WIDDLE		LAST	2a.	DATE KNOW		DAY YEAR	2ь ноц
		DWARD				DTH		OF ESTI-	Brown	231981	26 HOU
3. SEX	ALE	CAU.	DATE OF BIRTH	YEAR 6. AGE (I LAST BIR	THDAY) MONTH	DER 1 YR. IF UNDI	MIN MIN	DEAD	MONTH	DAY YEAR	R 2d. HOU
	RTHPLACE (ST.	/	& CITIZEN OF W		8 MARRI	JED NEVER MAR	RRIED		TY OR COUNTY	COUNT	Y
10. CI	TY OR TOWN O	OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HO	OME, OR OTH	ER INSTITUTION		OCCUPATION LOF WORKING LIFE			ML
13a. S1	RYLAND	113b. COUNTY	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADA 13c. CITY OR TOW BALTII	N N	13d INSIDE CITY LIMITS?		ADDRESS 4 Wind	lumod	Letter	dou
14. FA	THER'S NAME FIRST CL	arence	WIDDLE	Roth		15. MOTHER'S MAII FIRST	DEN NAME Anna	MIDDLE		neubec	k
160. W	VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. ARME	ED FORCES? AR OR DATES)	3/2-36		ms C.	Cercar	an 61	4 Hins	luovd.	RR
NC	gave rise cause (a) lying caus		(c)	AS A CONSEQUENT	E OF B	DECONDITION GIVEN IN	SCV PART I WALL	Du	with	2±3	1/2-
CERTIFICATION	IN DATE OF	OPERATION	I% CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED?				20. AUTOPSY	
AL CERT	THE EXTERNAL CAUSE WAS  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH  P.M. 10							M (E PART I QR.P.	YES D	NO []	
MEDICAL	THE INJURY OF WHILE AT WORK	NOT WHILE AT WORK	71e PLACE C STREET, FACT	OF INJURY (AT HOME ORY, FARM, ETC.)		CATION	en	T OR TOWN	C	OUNTY	STATE
	22s I certify death resulted ACTUAL SIGNATURE			Attribute D	Suicide U	Homicide Title (Sept Ciry)	Undeterm	nquiry	and in my a	10 M/23	181
	EXAMINER'S N	T)	0.75			ADDRESS	/				
(5)	Bur	ION, REMOVAL 236	2/26/8	23c. NAME OF	Ly Re	deeme	23d. LOCA CITY OR TO	Ba	lto con	me!	STATE
24 61	INERAL DIRECT	0.0			1	Int.	E REC'D. BY REC				

Sec. 27 15 180 May 1 1 20 ENGLAND THE CARDINATION OF THE PARTY OF THE

J	1	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3	10	4, 9			
1		CEASED NAME FIRST		MIDDLE		AST		ONTH DAY	T C PAIN	26 HOUR			
	3 SE		ederick C	naries KU	IH ST		December 19		UNDER 1 YEAR	5:17 am			
75		Male	White			16°1925 YEAR	56	YRS.	THS DATE	HOURS MIN.			
M	0]	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore CITY OR			MD.			
5	F	TY OR TOWN OF DEATH Cossville 2123	Frank	din Sq. I	ospit	or other institution	12a. USUAL OCCUPATIO LIVPE OF WORK FOR MOST OF V Crane Opera	WORKING HEEL	INDUSTRY_	h. Steel			
35	I USU	AL RESIDENCE (IF NURSING HOS	AE OR OTHER INSTITUTION OUNTY TIMORE	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 705 Kings	ton Rd	. 23	1220			
Scompline 30	14 F/	ATHER'S NAME FIRS Frederic	k Roth	LAST	15. MOTHER'S MAIDEN NAM			LAS	ıī				
ne medicoi		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU 198 14 1		Jennie W. Ro	oth, Wife	Same	9				
nlury, ar ather traumatic eve	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQUE	NCE OF	ial infarctio		TION GIVEN	IN PART 11c	0			
naws any	CERTIFICATION	190. DATE OF OPERATION	98. DATE OF OPERATION 196 COND			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO  NO  NO  NO				
tem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.		Y YEAR	21c. HOW INJURY OCCURR		NITEM 18 PART	OR PART 2)				
is morked or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATION STREET	CITY OR TOWN	ı	COUNTY	STATE			
em 21 is mo		22a.1 certify that (this h saw the deceased alive above, the (we) (did) (did 22b. SIGNATURE				, 19.78 d that in 🜬 (our) apinion o	, to	ond hour on					
±		22d, PHYSICIAN'S NAME (1)	in h	Ide		ATTENDING PHYSICIAN 226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	NX	12/19				
IMPORTANT: If Hem 21		Stev	ven Wilk N			9000 Franklin		, 2123	7				
		SURIAL, CREMATION, REMO	23h DATE 12/22	/81 Gr	een M	metery or crematory ount Cremator				STATE			
81		uzdzinski Fun	eral Home	PA 1407	Old E	astern Ave OE	C.22 1981	REGISTRA	Young	Kathen			

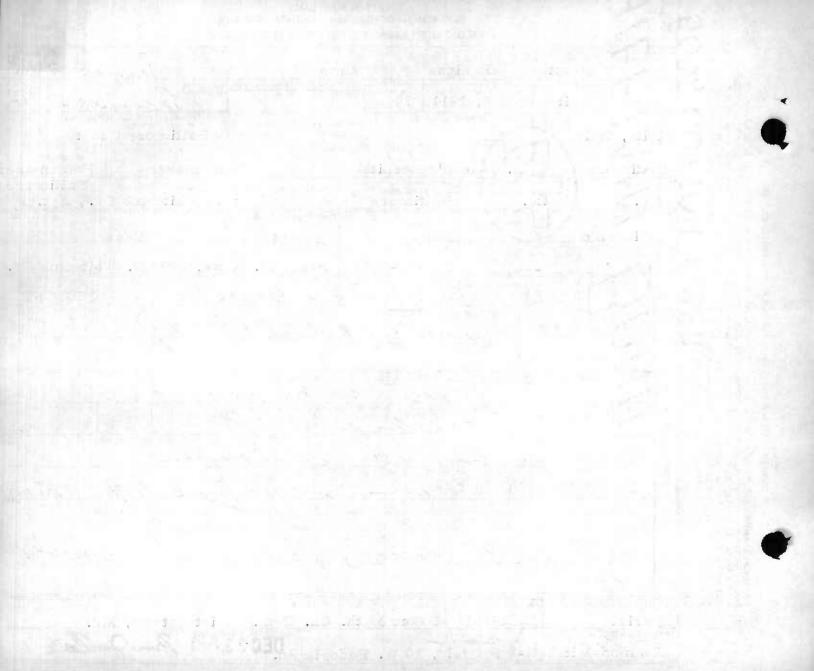
DHMH - 16 50M 1/ (VRA 15, 4)

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white ! Jo last 56 Secretile 2227 - Mand in Fo. September - Committee Contracts - Committee - Contracts on its most inter 20% axx desired assets executive ... the section of the land Dynamican 12/22/31 Covernment Spentage williems, in.

The shart sheet I have be 140 out in well 0.2.2 All South and

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-Concetta Benigna Rowe 4. RACE 3. SEX & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUN CHEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN DELAY IS NECESSARY, CHEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR USED AS A BURIAL-TRANSIT PRANT PAGE 1 AND 2 SHOULD BE FILED. WITHIN 70 OF HEATH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS; 201 W. PRESTON JRIAL, CREMATION, OR REMOVAL. White Jun 4, 1911 Female 70 DEAD 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore County Sicily, Italy USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS. OR INDUSTRY Joseph's Hospital Baltimore Homemaker Homemaker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13a. STATE 13b. COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. 2209 Whitcomb Cr., Apt. D Baltimore Md. NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, 3 MIDDLE MIDDLE FIRST Giacomo Rosa Pace damo 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO IYES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 089-03-3601 Henry M. Rowe, 2209 D. Whitcomb Cr. 18 CAUSE OF DEATH (Enter only one cause per line losta), (b), and (c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION 2D AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21,201, PRIQR TO BURIAL, YES HOUR A.M. MONTH DAY MEDICAL CONTRIBUTING CAUSE OF DEATH 11 LOCATION STREET, FACTORY, JARM, ETC. NOT WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted from Suicide Hamicide EXAMINER'S NAME (TYPE OR PRINT) 23c, NAME OF CEMETERY OR CREMATORY 730 BURIAL, CREMATION, REMOVAL 73b, DATE 73d. LOCATION COUNTY STATE 12/24/81 Grace Meth. Ch. Cem. Burial Reisterstown. BP DEC 23 1981 FUNERAL DIRECTOR **DHMH-17** Lemmon-Mitchell-Wiedefeld, 10 W. Padonia Rd (VR A15 ME (5)) 15M 2/80



15M 2/80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CEKTIF	ICATE OF D	EAIN	REG	NO.		
		CEASED NAME	FIRST	N	IDDLE		LAST		20 DATE OF DEAT		DAY YEAR	26 HOUR
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	3 SE	X		RACE		5. DATE O			6 AGE (IN YEARS LAS		1981 IF UNDER I YEAR	
		6		11/		MONT	6 /2 G /	YEAR	16		MONTHS DATS	HOURS MIN.
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6	1	COUNTRY)	>	1156	)	MARRIE		ARRIED	Baltimor			
-	10 C	ITY OR TOWN OF	DEATH 1	1. NAME OF H	OSPITAL, NURSIN				12a USUAL OCCUP			OF BUSINESS OR
1	B	OSSVIL	LE	FRA	NKLIK		59		HSW			
P.		AL RESIDENCE IF	13b COUNT	THER INSTITUTION O	131. CITY OR TOW	/N	1 13d. INSIDE CI	TY LIMITS?	13e. STREET ADDRE	SS		
1		MD.	BAG	Tres	ESSE.	X	YES 🗌	NO D			EY PI	. RD
1	14. FA	ATHER'S NAME	. MI	DDLE	LAST	1000	15. MOTHER'S	MAIDEN NAM			LA	
(		VINCE	NT	PIKA	)		EVI	9	PIKA		LA.	
		WAS DECEASED EN		ED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMAL	٧T	AD	DRESS		
		NO	(# 123, 0112	WAN ON DATES	UNK		ROBT.	RYCH	ALSKI	8079	PARKA	VEN RE
		18 CAUSE OF DE	ATH Enter anly	ane cause per l	ine far (o), (b), on	id (c)						ONSET AND DEATH
		PART I. DEATI	H WAS CAUSED		Cardiac	Arres	st					
		414	CI						O S III			
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		gave rise to	immediote	)			0 0100	<b>40</b> C				
			iuse last.	DUE TO, OR	AS A CONSEQU	ENCE OF						
		PART 2 OTHER S	IGNIEC ANT CO	(c)	NITRIBILITING TO	DEATH BUT	NOT BELATED	TO THE TERMS	NAL DISEASE OR C	ONDITIONS	0/5-10104073	
	Z	THE CONTER O	NOITH ICANT CC	/4DI/10143 <u>CO</u>	INTRIBOTING TO	DLAIN BOT	NOT KELATED	TO THE TERMIN	VAL DISEASE OR C	UNDITION G	IVEN IN PART IT	a
-	CERTIFICATION	19a DATE OF OPE	RATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	70b IF Y	ES, WERE FINDI	NGS LISED
1	FF									IN CERT	IFYING CAUSES	OF DEATH?
200	ERT	71g. ACCIDENT WAS	UNDERLYING []	21b TIME OF	INTERY	-	1216 HOW IN	I IPY OCCUPE	YES NO		/ES []	NO 🗌
1		OR CONTRIBUTING	CAUSE OF DEATH	110110 11	MONTH D	AY YEAR	110 110 11 110	OKT OCCORRE	D (ENTER NATURE OF	NJURT IN ITEM 18	PART   OR PART 2]	
	20	(IF EITHER NOTIFY		P.N		19						
	MEDICAL	21d. INJURY OCC	T WHILE	21e PLACE C	ET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATIO STREET	N	CITY O	RIOWN	COUNTY	STATE
		AT WORK AT	WORK			5	00					
		220.1 certify that	(I) (this Nospita	l) attended the	deceased from_	Decen	nber 20	. 19_80_	_, to_Decem	ber 20	1, 19_80	that (1) (e) last
		above, (I)	(did) (did not)	view the bady o	ifter death.	OU 01	nd that in (my) (	Qor) apinion de	eath occurred on th	e dote and ha	our and fram the	causes stated
		226. SIGNATURE	, 6	1/0		11	DEGREE	TENDINIO	ALEDICAL S	T 4 5 5	22c. DATE	SIGNED
		NU	wn	100	1/11	M			MEDICAL S	SICIAN	12/	20/81
		22d. PHYSICIAN'S	NAME (TYPE OR P	RINT)			22e ADDRESS				- 23	
		Dean	R. Taylo	or M.D.			9000 F	ranklin	n Square	Drive	21237	TI EX
		BURIAL, CREMATIC	N, REMOVAL	23b. DATE	-/		EMETERY OR C	REMATORY	23d LOCATION		COUNTY	STATE
		BUR	IAL	12/20	181 H	oric	ROSAR	y	BAL		MD.	STAIL
	24 EL	INIERAL DIRECTOR						DATE	DECID BY DECICED	ADIAN DEGN		

DHMH - 16 50M 1/B1 (VRA 15, 4)

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IMPORTANT: If Item 21 is morked or Item 18 shaws ony

J.G. CONNELLY

Secretaria Statement Fa . The secretarian secretaria AND THE PROPERTY OF THE PARTY O The transfer of the season to the season of a company of the comp 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishould be detached for use as the buriof-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to buriof, cremotion, or removal.

deoth. Page 4 may be

STATE OF MARYL
 DEPARTMENT OF HEALTH AND

AND MENTAL HYGIENE

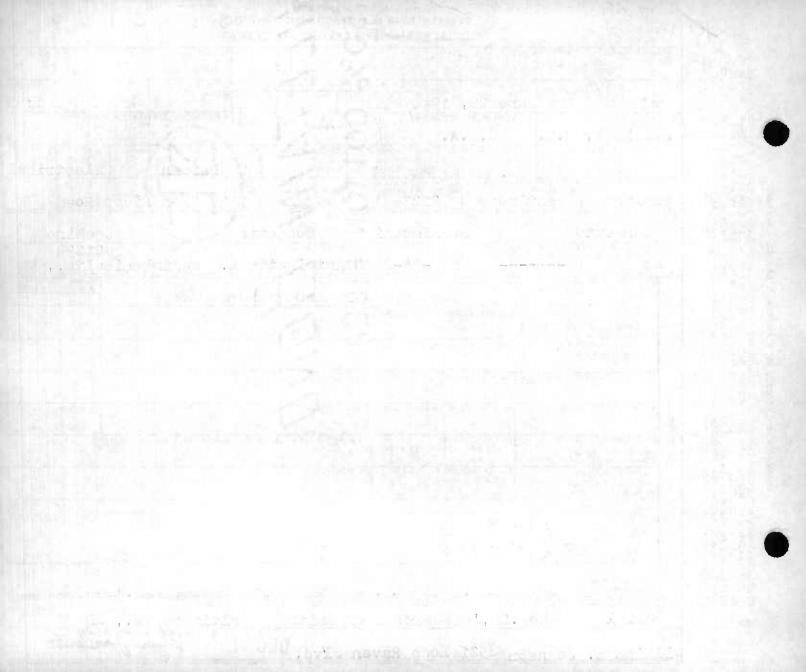
1	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.						
X		ECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH		DAY YEAR	26 HOUR				
1		Walte	r D.	Rych	walski	Decembe	r 31,	1981	9:15P M				
)	3. SE	× M	4. RACE	5. DATE (	DE BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS				
30		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	INTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY C	_						
30	10.0	MD.	USA	WIDOWI		Baltimor			MD.				
	1	ROSSVILLE	FRANKLI	VE STREET ADDRESS)	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST C		INDUSTRY	126. KIND OF BUSINESS OR INDUSTRY				
and S	13a :				13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	T5H1	RE A	PD				
78 37	-	ATHER'S NAME	MIDDLE	AST	15. MOTHER'S MAIDEN NA/	ME MIDDLE		a de la LAS	ST				
- G		SEPH WAS DECEASED EVER IN U.S. AR	RYCHWAL	AL SECURITY NO.	MARCY ANNA	STAS ADDRE	2 E N	511					
e medic	1	(IF YES, GIV	ABOVE										
ent, th		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	D RV.	(b), ond (c).)				BETWEEN	ONSET AND DEATH				
ic eve	- 6												
ta mo		Conditions, if any, which ( (b) Acute anterior myocardial infarction											
er tro		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON		ing o out a run in								
roth		underlying cause last	(10)	TOL GOLITCE OF									
ury, o	z	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 11	a)				
ni kua	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH						
Swod of	RTIFI					YES NO X		ING CAUSES	NO X				
em 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	LY IN ITEM 18 PA	ART 1 OR PART 2)					
d or It	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE				
porke		MHILE NOT WHILE AT WORK			00 01	Danasaka	. 21						
21 is n		22a I certify that III (this haspi saw the deceased all a on abave, II (we) (di 1974)	tal) oftended the deceased  December 31  The body after death	from <u>Decem</u> 19_81, or	nd that in ( <del>ay</del> ) (aur) apinion o	, to <u>Decembe</u> deoth accurred on the do			that # (we) last causes stoted				
Her		29E SIGNATURE	20.	Ma S	DEGREE	HEDICAL STAT		22c. DATE	SIGNED				
ž		130	18-	In	ATTENDING PHYSICIAN	MEDICAL STAR	To Co	12/	31/81				
MPORTANT: If Hem		B. Egan.			9000 Frankl	in Square D	r., 2	1237					
<u> </u>	23a. I	BURIAL, CREMATION, REMOVAL		HOL L	EMETERY OR CREMATORY ROSARL	23d. LOCATION CITY OF TOWN	0	COUNTY	STATE				
/81	24. FI	UNERAL DIRECTOR	1 , / 5 C	14		REC'D. BY REGISTRAR	25b REGISTE		URE '				
	1	J. G. CONNX	FZL, AD	300 M	MACE IA	N 5 1000	71	0	gr.				

DHMH - 16 50M 1/81 (VRA 15, 4)

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10	- 5	OR	-22a Fil	lm G56:	D	EPARTA	MENT OF	HEALT	MARYLAI H AND M CERTIFI	ENTAL		9		3	0	j	4
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n_				ank						limbe			ESTI- MATED	□ 12	23 <sub>1</sub>	, 81	М
3.	SEX	ale	white	5. DATE OF E	DAY 22.	YEAR 19	6. AGE (IN YE LAST BIRTHD	AY) MON	HS DAYS	HOURS	MIN.	PRONOUN DE AD	NCED	12		year 981	2d HOUR 5:43P
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6 10	). C11	Y OR TOWN OF  TOWSON  L RESIDENCE (IF II	DEATH	11. NAME O	F HOSP	ITAL, NUR	REET ADDRESS)	E, OR OTI	HER INSTITU		112a. USU		PATION	TYPE OF WORK	12b. KIND OR I	o of Bus	ical
113	a. ST	RESIDENCE (IF II	N NURSING HOME OF BAI	r other institut ty .timor	ion, give	13c. CITY (	OR TOWN	ION)	13d INSIDE (	ITY LIMITS?	13. STR	EET ADDRE	len	Ridg	e Ro	ad	
174	4. FA	THER'S NAME Concet	+0	WIDDLE	C	'a ml a	mben		15. MOTH	ER'S MAID	ENNAME		AIDDLE		0cch		
16	6a. W	AS DECEASED E	VER IN U.S. ARA	MED FORCES? WAR OR DATES)		16b. SOCI	INDENIAL SECURIT	Y NO.	17. INFOR			90	ADDRE		212	34	
-	j	18 CAUSE OF D	EATH (Enter and H WAS CAUSED	y ane cause p D BY: TE CAUSE (a).		ar (a), (b),	and (c).)		c car					1000	APPE	ROXIMATE	
	Z	gave rise		(b). DUE TO	O, OR A	AS A CONS	SEQUENCE SEQUENCE	OF	SE OR CONDITIO	N GIVEN IN PA	ART 1 (a).						
	CERTIFICATION	19a. DATE OF OP	ERATION	196. CONDITION FOR WHICH OPERA			PERATION WAS PERFORMED?						TOPSY?				
3	CAL CERT	21a EXTERNAL C UNDERLYING CONTRIBUTING	OR	HOU	ME OF I R A.M. P.M.	MONTH	DAY YEA	21c. H	OW INJURY	OCCURR	ED (ENTER	NATURE OF IN	JURY IN ITEM	18 PART 1 OR P		s XX	NO .
	MEDICAL	21d. INJURY OCC WHILE DA AT WORK A	URRED OT WHILE T WORK			F INJURY PRY, FARM, ETC	(AT HOME.		CATION			CITY OR TO	WN	C	DUNTY		STATE
		220. I certify the death resulted for ACTUAL SIGNATURE	ram:	e of the remai	7	ribed abav		Autap vicide	, Homi	SPECIFY)	Undet	Inquiry ermined m	anner [	and in my o		2/24	/81
2	_	EXAMINER'S NA (TYPE OR PRINT)		Horme:	z R.		d, M. D		ADDRESS_			Stree	t,Ba	lto.MI	212	01	
2	I FL	Burial	R	ec.28	DDDESS	1 Ga	rden	s of	Fai	th	Ba REC'D. BY	1 tim		CO.,	MD SIGNATO	STA	ŧΕ
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

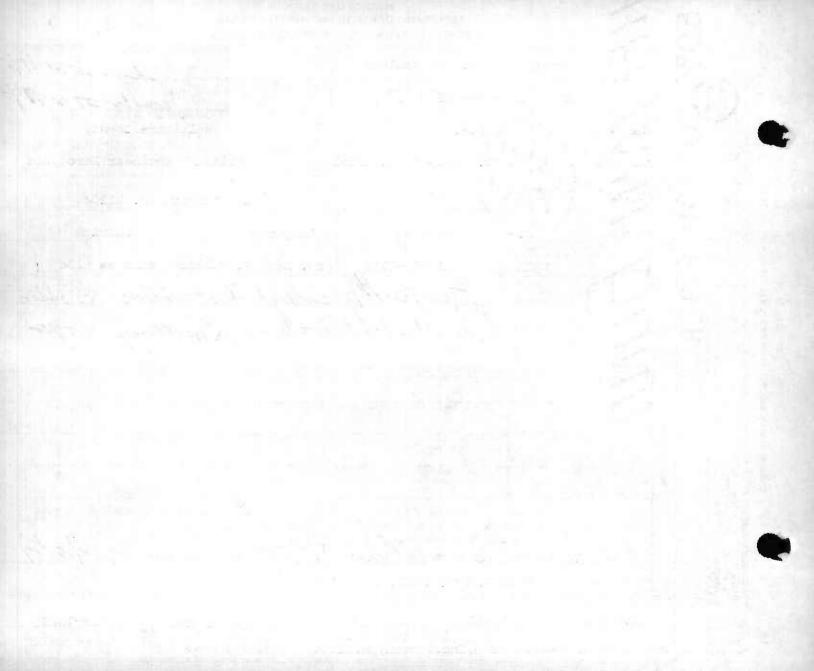
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE or parent of the sector and appropriate  - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

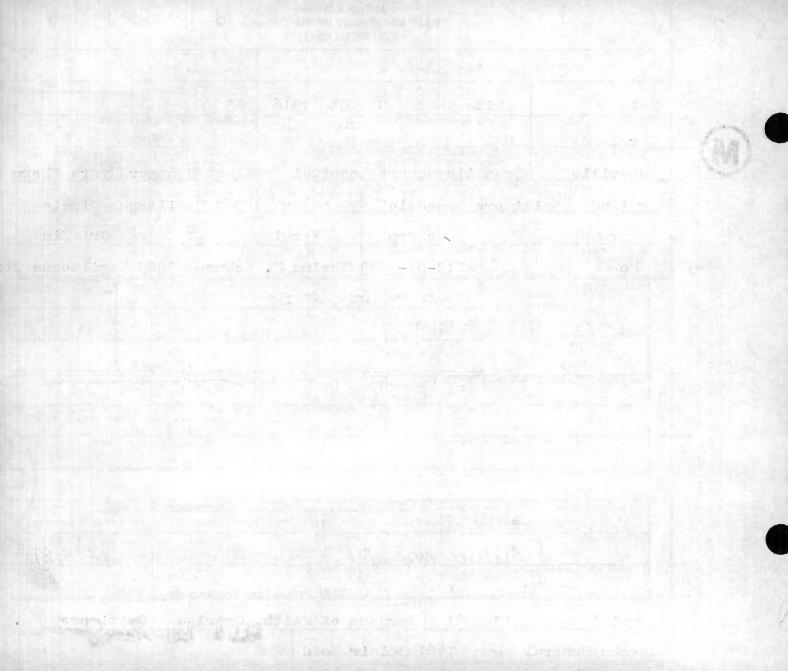
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120	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 1 0 6
		Cath	erine Margueri	te Schneider	December 19,	
3.	. SEX		4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	
CAD		emale	White	04 05 1898	83	MONTHS DATS HOURS A
126	M	ATHPLACE (STATE OR FOREIGN OUNTRY)  aryland	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cou	
\$7	Ro	SSVILLE	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET A  Franklin Squa	are Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	(ING LIFE) 12b. KIND OF BUSINESS INDUSTRY Homemakin
36	m. si	ryland Bal	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOWN	N 13d INSIDE CITY LIMITS?	130. STREET ADDRESS 700 E1mwood	
150		HER'S NAME FIRST Frederick	widdle Last W. Mart:	15 MOTHER'S MAIDEN NA FIRST Dora		Addicks
ent, the medical			MED FORCES? 166, SOCIAL SECUI VE WAR OR DATES) 213-74-		ADDRESS Marshall 7(	00 Elmwood Ro
mjury, or ather triumatic	NON	Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	idial infant	farction	NGIVEN IN PART UII
2	CERTIFICATION	N. DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	78s AUTOPSYT 20s IN C	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
800		(# EITHE, HOTEY MEDICAL EXAMPLE	HOUR AM MONTH DA	19 YEAR	RED TENTER HATHER OF HIGHER HE OF	M 18 FART CORPART 2)
them /	3	THE INJURY COCCURRED.		12H LOCATION		
orked or hem		HE INJURY OCCURRED	TIM PLACE OF INJURY LAT BOWN INVEST, RACIDRY, OFFICE VA		Citt Dil 10wn	COUNTY DAT
23 it morked or Item		enut FT NOMETT	LAT BOWE STREET, RACTORY, OFFICE VA	Oct. 19 81	Dec 19	181 thoract (we)
If hem 21 is morke		27s 1 centry that withis hosp we the decerned alive of clare N (we) (did) (d) 27s (SIGNATUS)	tot otherded the deceased from	DEGREE  ATTENDING PHYSICIAN	Dec 19	f hour and from the course states
Nem 21 is morke		at work at work at work the deceased after of the deceased after o	tot otherded the deceased from	DEGREE  ATTENDING PHYSICIAN [	noDec 19  Identh occurred on the date on MEDICAL STAFF DIRECTOR PHYSICIAN 1	thour and from the course states  The DATE SIGNED
WPORTANT. If them 23 is monke	Ja. nu	27s 1 centry that withis hosp we the decerned alive of clare N (we) (did) (d) 27s (SIGNATUS)	toll attended the deceived from 19 19 8 or lenny saceric	DEGREE  ATTENDING PHYSICIAN [	Dec 19  Identh occurred on the date on MEDICAL STAFF DIRECTOR PHYSICIAN I	thouse and from the course states  The DATE SIGNED

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STATE OF MARYLAND



death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw etained by the haspital ar attending physician.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21	- STATE REGISTRAR			FICATE OF DEATH	REG. NO		
	ECEASED NAME	FIRST	MIDDLE	EAST	20. DATE OF DEATH	AONTH DAY YEAR	2b. HOUR
	Lill	LIAN F	), <	5/16	DICEMBS	R 13 1981	1:13 M
3.58	EX.	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTH		# UNDER 24 HRS
F	-IMALE	WHI	TE AUG	7000 1 00	74	YRS MONTHS DAYS	HOURS MIN.
To B	SIRTHPLACE (STATE OF FO	DREIGN 76 CITIZEN OF	WHAT COUNTRY? 8	T AUGUST WARRIED TO	9. BALTIMORE CITY OR		
40	JARYL ADD	0.5.	A WIDON	IED NEVER MARRIED DIVORCED	ROITIM	089 100	world up
10 C	ITY OR TOWN OF DEAT	TH 11. NAME OF	HOSPITAL, NURSING HOME		120 USUAL OCCUPATIO	N 125 KIND O	F BUSINESS OR
10	Dekin115	1400	H FACILITY, GIVE STREET ADDRESS]	n 1016.	(TYPE OF WORK FOR MOST OF		
USU	JAL RESIDENCE (IF NURSIN	NG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION		THT HOM	12	
130.	STATE	BALTO -	13 CITY OR TOWN	13d. INSIDE CITY LIMITS	13e. STREET ADDRESS		0
14.E	ATHER'S NAME	BALTO.	TARKVILLS	YES NO	1 2906 L	10000	HV2
1	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAS	T
- W	JILLIAM	N U.S. ARMED FORCES?	166 SOCIAL SECURITY NO	ZLILAB	ADDRES	KOPP	2
	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)		17. INFORMANT	ADDRES	3	
	No		316 28573	- HAMIL	1 Record		
	18 CAUSE OF DEATH	I (Enter only one couse per AS CAUSED BY:	line for 19), (blyond 151.)	S 1 1	11d = C	BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIATE CAUSE (0)	LSHU	)-(less 1	VILE	H.T.	
	19121	DUE TO O	R AS A CONSEQUENCE OF				
10	Conditions, if ony,		K AS A CONSEQUENCE OF			S. A	
	gove rise to imme		D. A.C. A. CONVENIENCE OF				ALTERY V
	underlying cause		R AS A CONSEQUENCE OF				
	PART 2 OTHER SIGNI	IFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERM	AINIAL DISEASE OF COND.	ITION CIVEN IN DART I	
Z		in territor container of	SAIRIOGINO TO DEATH DE	THO RELATED TO THE TERM	MINAL DISEASE OR CONDI	ITION GIVEN IN PART ITE	
CERTIFICATION	190 DATE OF OPERATE	ION 196 COND	ITION FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN	4GS USED
1 1					YES NO	YES T	OF DEATH?
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40	OR CONTRIBUTING CA	AUSE OF DEATH HOUR A.	M. MONTH DAY YEA	2			
MEDICAL	(IF EITHER NOTIFY MEDIC			21f LOCATION			
WE		(AT HOME STI	REET, FACTORY OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE
	AT WORK AT WORK	x		1/20	19/	C./	
420		(this hospital) attended th		15 1 19	, to	9 /	that (I) (we) lost
		id) (did not) view the body	affer death.	and that in (my) (ayr) opinion	death occurred on the dat	e and hour and from the	couses stated
	226. HGNATURE	10/ 1/1	#	DEGREE		22c. DATE	SIGNED
	Xnoag	W. Ilm	ex 10.	ATTENDING PHYSICIAN	MEDICAL STAFF	AN [ 12/1	STFI
	228 PHYSICIAN'S NA	ME (TYPE OF PRINT)		22e ADDRESS		W	42-13
	Din ma	DW. MINT	JEN MD	15009 tol.	512617Ff	EN AVE D	11257
230	BURIAL, CREMATION, R	REMOVAL 236 DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	775 7 2 4	
	(SPECIFY)	12 17	-1991 1 200	2: 05 Page	CITY OR TOWN	COUNTY	STATE
74 F	UNERAL DIRECTOR	1127-11	11911 1911	HINZ IHRK	TE REC'D. BY REGISTRAPIZ	A PEGISTA AND SIGNA	100/100
1	NAME		ADDRESS	RO. 250 DA	C 22 1981 7	arres J.	Arverton
1	VANSTUY	12 RALLIAY	4557 8800 H	ARFORD UE	C 22 1981 4	4:	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall die think with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

to a large of the 54-276 C --- S 1981 S C 22 1981 S --- S 1981

Ruck Towson Funeral Home, Inc. Towson, Maryland

FOR

- STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

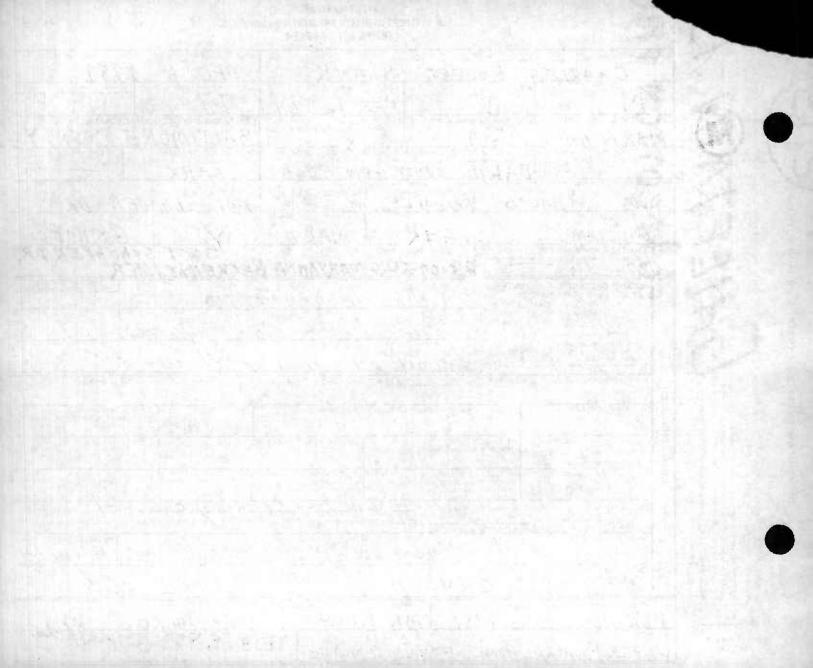
STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. Ag Hoan a wa 2 C.2. C.3 Min - T - word . Hest delice U. ware , days we will like The facility with the active of the te

STATE OF MARYLAND



	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8	<b>3</b>	10	6 6
1/30		CEASED NAME FIRST Mabel	MIDDLE	HIELDS		December	13, 198	1	12:05P
W	3. SE	nale	4 RACE White	5. DATE OF MONTH	BIRTH  DAY  1895	6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN
Jeath. Po		RTHPLACE (STATE OR FOREIGN PA	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWED	Mever Married	Baltimore city of Baltimore	R COUNTY OF		MD.
s ofter o	10 CI	TY OR TOWN OF DEATH  Essex	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET  Franklin Square	IG HOME OF	OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O housewife	F WORKING LIFE)	NDUSTRY	BUSINESS OR
24 hou illed in vold be	13a. S	PA Hun	OTHER INSTITUTION GIVE RESIDENCE SEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS Box 52	Star Ro		
d completely fest and 2 sha	]	THER'S NAME FIRST Robert	E. Ramse	у	15. MOTHER'S MAIDEN NAM Sarah	WIDDLE		Lane	
be execu		(IF YES, GIV	MED FORCES? 166 SOCIAL SECU 209-20-1		orothy Stort	o, RD, Three		ngs, F	A 17264
that the death certificated by the attending physic lease remove carban page in it, cremotion, or removal arealy to a contract over the contract of the contra		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO OR AS A CONSEQUE	ngest	ive heart fai				
equires n signe Then pl r to buri injury, s	NOIL		CONDITIONS CONTRIBUTING TO D						
	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200. AUTOPSY?  YES □ NO  NO	20b. IF YES, WI IN CERTIFYING YES		
PHYSICIAN: The law ending physician this certificate has be be brightnass; permit and Mentral Hygiene prid or Nem 18 shaws on dar Nem 18 shaws on	EDICAL CEI	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	TIL HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T	OR PART 2}	
DING PHYS are attenting as the bundith and M marked or	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
ATTENDII sspital ar ICTOR: A for use i for use		saw the deceased alive abave, ( <b>X</b> (we) (did) (d <b>X</b>	December 13, 19	31, and	I that in (my) (aur) apınian o	, ta		d fram the	
by the had been be detached by State Dept. If there		22b. SIGNATURE		m. D.		MEDICAL STA DIRECTOR PHYSIC		De DATE	13/98
HOSPI oined b D FUNE ould be ith the Si		Irving Cohe			9000 Frankli	n Square D	c., 2123	37	

23c NAME OF CEMETERY OR CREMATORY

Wible Cemetery

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Elime Funeral Home Reisterstown, Md. 21136

12-16-81

236 DATE

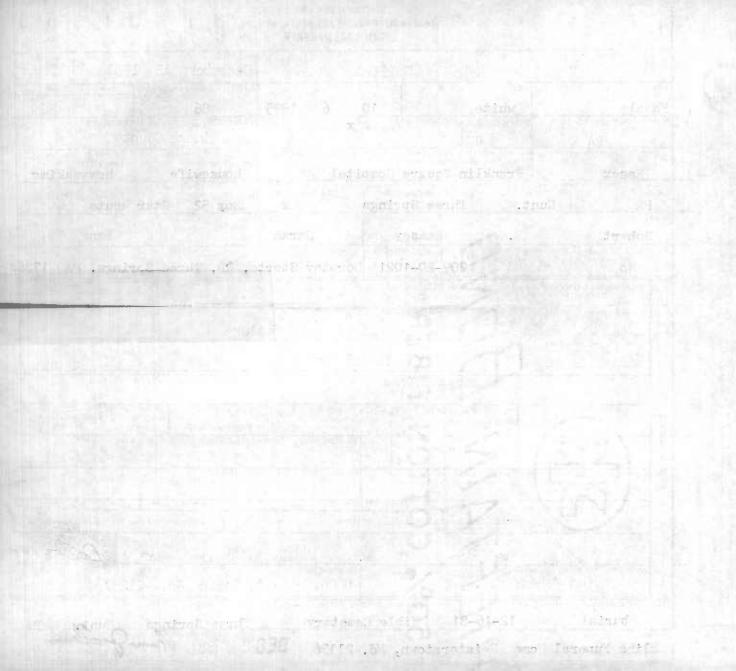
230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23d LOCATION CITY OR TOWN

Three Springs

STATE

COUNTY



STATE OF MARYLAND

- not word 1161 had file

- STATE

(TYPE OR PRINT)

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

FIRST

I. DECEASED NAME

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/62 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE to December and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 12/5/81 DIRECTOR PHYSICIAN 6710 N. CHARLES ST., BALTO., MD. 21204 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 12/8/81 Dulaney ValleyCem. Cockeysville, Md. 24 FUNERAL DIRECTOR J. E. Lowell Lemmon Lemmon-Mitchell-Wiedefeld, 10 W. Padonia Rd. NFC &

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

7h HOUR

17h KIND OF BUSINESS OR

Homemaker

IF UNDER 1 YEAR

INDUSTRY

Timonium

7:15 P M

IF UNDER 24 HRS

70. DATE OF DEATH

The state of the s The Committee of the Co The second of th

STATE OF MARYLAND **DEPARTMENT OF HEA** CERTIFIC

SIPPEL

r m	MILI	AND		
LTH	AND	MENTAL	HYGIENE	5
ATE	OF	DEATH		

REG. NO 2a. DATE OF DEATH 12

6 AGE (IN YEARS LAST BIRTHDAY)

58

16 181 IF UNDER I YEAR

2h HOUR

FEMALE. n BIRTHPLACE I STATE OF FOREIGN

LYES NO OR UNKNOWN

No

Pennsylvania

CAUC. 5 DATE OF BIRTH January 1, 1923 76 CITIZEN OF WHAT COUNTRY?

G.

MARRIED A NEVER MARRIED WIDOWED

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY

13e. STREET ADDRESS 536 Hampton Lane

HOMEMAKEY

MIDDLE

17b. KIND OF BUSINESS OR INDUSTRY

O CITY OR TOWN OF DEATH TOWSON

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

DECEASED NAME

11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION GBMC-6701 N. CHARLES ST.

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Towson Maryland YES [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME

U.S.A.

MARGUERITE

LIE YES GIVE WAR OR DATEST

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

Angelo

Galliano 166 SOCIAL SECURITY NO. 191-14-8471

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OFMETASTATIC BREAST CANCER

17. INFORMANT

NO X

Erminea

ADDRESS Mr. Robert C. Sippel 536

Hampton Lane

6 YEARS

DeNapol'i

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost.

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

PNE UMON 1 A

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f LOCATION

COUNTY STATE

22c. DATE SIGNED

12/16/81

NO |

270.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an. above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE

(SPECIFY)

and Teldman 77d PHYSICIAN'S NAME TTYPE OF PRINT

77e ADDRESS

ATTENDING

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN GBMC-6701 N. CHARLES ST.

MEDICAL

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20g AUTOPSY?

NOX

CITY OR TOWN

D. FELDMAN, M.D.

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 12-19-1981

23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Church Cem. Pottsville COUNTY Pennsylvania

23d. LOCATION

DHMH - 16 50M 1/81

1050 York ROLD DATE REC'D. BY REGISTRAR 215 REGISTRAR SIGNATURE 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Maryland DEC 18

(VRA 15, 4)

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MEDICAL

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FOR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

20 DATE OF DEATH

MONTH

YEAR

IF UNDER 1 YEAR

COUNTY

26 HOUR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

£A51

YES F

COUNTY

22c DATE SIGNED

STATE

STATE

And the chart of the Park The by Keeper The state of the second of the  FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CLKIII	ICAIL OF DEATH	REC	NO.				
	ECEASED NAME FIRST	MIDDLE		IAST	20. DATE OF DEAT	H MONTH	DAY Y	EAR	2b. HOUR	R
	Naom	i A.	Ske	ggs		12	18 8	1	6:30	ann
3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER	DAYS	IF UNDER 2	
	female	white	3	5 189		YRS		DATS	HOURS	MIN.
To 8	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CIT			TH		
1	MD	U.S.A.	WIDOWE	DIVORCED	□ Baltimo	re Con	unty			MD.
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUP				BUSINES	SSOR
	Catonsville	Ridgeway Ma		ng Home	Homemake			-		
13a.	STATE 136 COU		DENCE BEFORE ADMISSION) Y OR TOWN Odlawn	13d. INSIDE CITY LIMI			treet			
14.F	ATHER'S NAME	WIDDLE	TACT	15 MOTHER'S MAIDE						
	Thomas		rumrine	Martha	V.	t	Alex	and	ria	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT MY	s. Pauline 3	DRESS	o+.			
	No -		-46-9497	6431 Kriel	St., Woodla	wn, Mo	arylan	d	2120	7
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for	(a), (b), and (c)	1	011	7 0	BET	PPROXIN	NATE INTERV	/AL DEATH
		ATE CAUSE (o)	acute	kujor	andres try	actr	m	1	day	
	4100	DUE TO, OR AS A	CONSEQUENCE OF	1001	17)			-	1	
	Canditians, if any, which gove rise to immediate	(b)		193,00	. V.		/	5	The	
18	cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF							
	underlying cause last	( (c)								
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	UTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR C	ONDITION (	GIVEN IN PA	ART 1 a		
CERTIFICATION	190 DATE OF OPERATION	10h CONDITION S	OR WHICH OPERATIO	NAME DEDECTOR	20g AUTOPSY?	201 (5	YES, WERE F	10 10 10 1	05.11055	
E S	The Date of Orekanon	176 CONDITION PO	DR WITICH OFERATIO	W WAS FERFORMED		IN CER	RTIFYING CA		OF DEATH	
HE	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	PY	121r HOW IN ILIRY O	YES NO		YES	D1 2)	NO [	
	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MO	ONTH DAY YEAR	The file of the sould	CCORRED TENIER NATURE OF	NJURY IN ITEM I	IS PART ORPA	KR ( 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJU	19	21f LOCATION						
ME	WHILE NOT WHILE		ORY OFFICE, FARM ETC )	STREET	CITY C	RTOWN	COUN	114	51	ATE
	220 1 certify that (I) (this hose	oital) attended the decea	red from 197	10		10	10 6 1			->1
	saw the deceased alive a	n	7 1981 01	nd that in (my) (our) ap	ornion death occurred on th	e date and h	nour and from		hat (1) (w ouses stat	
	abave, (I) (we) (did) (did n 22h SIGNATURE	at view the bady after de	eath	DEGREE				DATES		-
	4 Momen	R Klew	na	MO ATTENDE	NG MEDICAL	TAFF			/18/	81
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1 7	22e. ADDRESS	AN DIRECTOR PH	SICIAN []	1			
	NORMA	NR.KI	Ltiuan	3803	Educon	don	But			
	BURIAL, CREMATION, REMOVA			EMETERY OR CREMAT	CITY OR TOW	4	COUNTY		ST	ATE
	Burial	12/21/81	Lingano	ore Church	Cem Union		Frede	_	k $M$	D
24 F	UNERAL DIRECTOR Lorin	g Byers Fune	eral Direct		DATE REC'D. BY REGISTE	AR 25h DG	ISTRAPS	GNATI	M. Cla	
1	8728 Liberty Rd	., Randallst	town, MD	21133	UEUZZ 130		03			

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burnot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be 411 with the State Depty of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shaws ony injury, or other troumotic event, the medical

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE KNOWN LTYPE OR PRINT) OF ESTI-DEATH MATED **EDNA** SMITH 2d HOUS 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DAY DATE YEAR LAST BIRTHDAY) PRONOUNCED FEMALEY BLACK N2 14 1892 DEAD 98 03 1981 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! Blackstone, V.A. U.S.A. WIDOWED & DIVORCED BALTIMORE COUNTY ID. CITY OR TOWN OF DEATH MAR OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) JOSEPH'S TOWSON HOSPITAL USUAL RESIDENCE OF INNUATING MIL OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS NUL COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES V NO [ 2017 N MONROF MARYLAND BALTIMORE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST ALIDEDLE MIDDLE LAST FIRST F. PAGES 1 AND DIVISION OF WIT Edward Ford Epps Marv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO YES, NO, OR UNKNOWN 3404 Glen Avenue No Jesse Thomas APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line to (a), (b), and (b) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PTWEEN ONSETAND DEATH PART I DE ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BUR YES [ E 3 SHOULD BE I 21a EXTERNAL CAUSE WAS RITING THE WARDED TO THE GE 3 SHOULD B 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted frame Natural causes Hamicide Undetermined monner DATE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore COUNTY STATE 12/10/81 Mt. Auburn Cemetery Burial 25a. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave. **DHMH-17** (VR A15 ME (5) 15M 2/80

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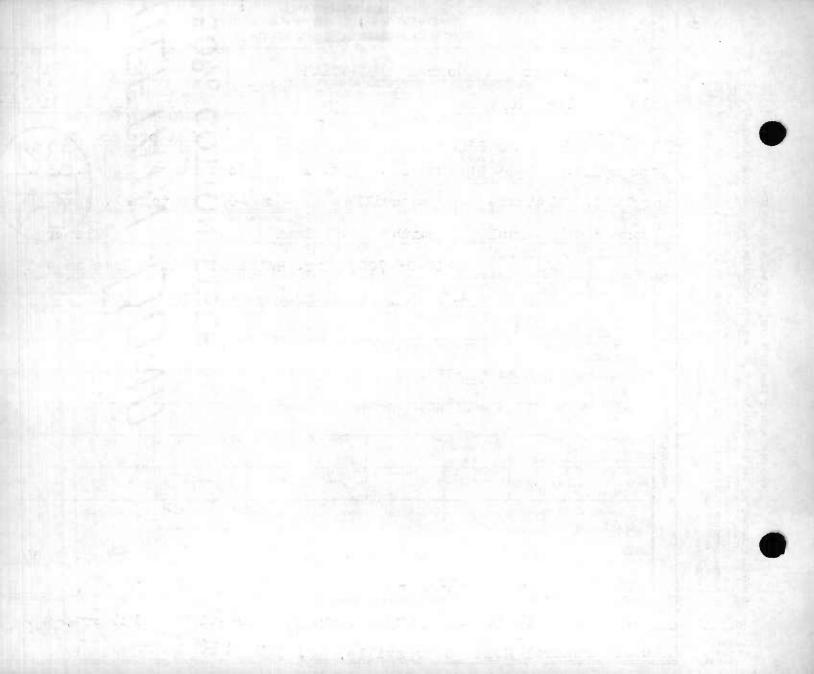


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) Smith Mary Dorothy OF ESTI-12 8:p DEATH MATED SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. MONTH 26 HOUR IF UNDER 24 HRS 2c. DATE temale cau. 76 BIRTHDAY) PRONOUNCED 850 DEAD 76 CITIZEN OF WHAT COUNTRY? TARBIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED X Baltimore County DIVORCED A 3. RETAIN PAGE 5 F 2 SHOULD BE FILED, W TAL RECORDS, 201 W. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION S 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY \* \* \* St Joseph Hospital Baltimore homemaker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 13g STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 10A Stirrup Court 21030 Md Cockeysvilleyes NO X 18. GIVE PAGES 1, 2, A WITH FORM PM 3. F AIT. PAGES 1 AND 2 SH E, DIVISION OF VITAL R 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST John Timothy Riordan Dora Rebbecca Lowenstein 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS Cockevsvill 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) LIE VES GIVE WAR OF DATES Smith 10 Fireoak Ct 21030 212-03-6474 John P CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) ALONG W BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, ATION, OR REMOVAL. Acute Myocardial Infarction Sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF TRANSIT Conditions, if any, which Generalized ASCVD 5+-vrs gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9) TOF HEALTH A CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED ANNIH THE STATE DEPARTMENT OF HATER PATER, MARYLAND, 21201 PRIOK TO BURIAL, YES NO NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY AT WORK NOT WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry Hamicide Undetermined manner death resulted from TITLE (SPECIFY) 12/2/81 Deputy SIGNATURE EXAMINER'S NAME Charles F. O'Donnell M. DoorBs A. 7501 York Rd Towson. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY SPEGurial 12/5/81 New Cathedral Cemeter V' Baltimore COUNT Maryland BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE **DHMH-17** J.E. Lowell Lemmon 10 W Padonia Road (VR A15 ME (5)

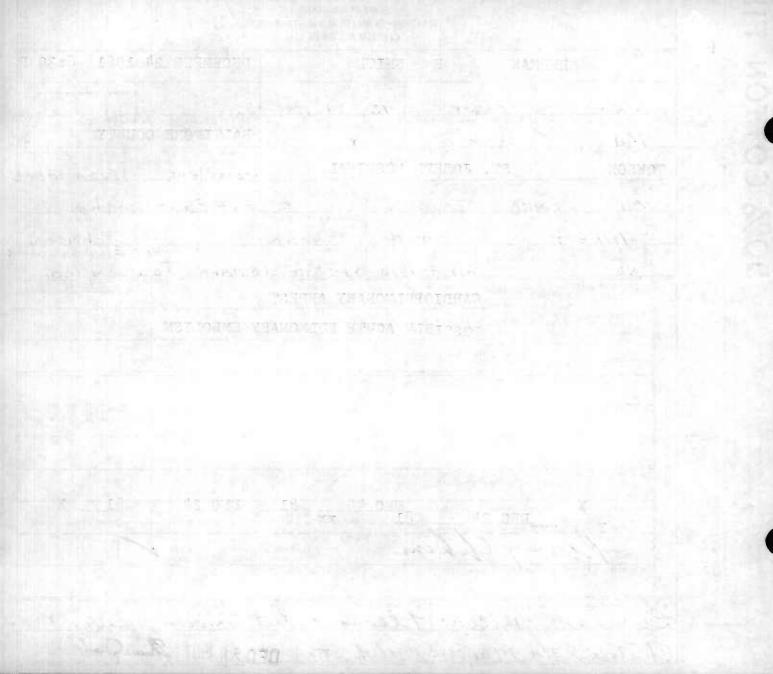
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81.18 The state of the s BENEFIT OF THE PARTY OF THE PAR Body Carly (Things a recognition and a limbor of the control of the payoff). 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENER FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) ESTI-81 Smith DEATH MATED Robert Conrad 5. DATE OF BIRTH 4 RACE AGE (IN YEARS | IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 104 1981 10/ /9 Male White DEAD 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Pennsylvania USA Baltimore County WIDOWED DIVORCED RD"PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO THE FUHIFF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5
USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED.
OF HEALTH AND MENTAL HYGIENE, DIVISION OF UTAL RECORDS, 201 W.
IRIAL, CREMATION, OR REMOVAL. 10. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Wheaton Accountant B.G.&E. Catonsville Apt. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13e STATE 13c. CITY OR TOWN 13d INSIDE CITY FIMITS? 13g STREET ADDRESS Wheaton Pl. Maryland Catonsville NO IX 409 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME TEM 18. GIVE PAGES 1, 2 ALONG WITH FORM PM 3 T PERMIT. PAGES 1 AND 2 MIDDLE Smith FIRST FIRST Paul Elsner Conrad Emma 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANI ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-05-7029 Smith Same No Helen M. as 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c). APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES [] NO [ EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY LAI HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OF TOWN COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ONRADO ERRERO 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL Catonsville Bal inor Md. Cremation Security Process BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 254 REGISTRAR SEPARATE HE perco **DHMH-17** MacNabb Funeral (VR A15 ME (5) Home Catonsville. 15M 2/80



do	1.	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8	3 1	0 7 5
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O HOSPITAL OR ATTENDING F etoined by the hospital or atte TO FUNERAL DIRECTOR: After t should be detoched for use as th with the State Dept. of Health an		WHILE AT WORK AT WORK  22a. I certify that At (this hospital)  sow the deceased alive on Jobove, (X(we) (yid) (AXIXOX VI  22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR PR	ottended the deceosed from DFC DFC 24 19 81 on new the body ofter death	d that in XmX (our) opinion do DEGREE  ATTENDING PHYSICIAN	DEC 24	1981 ite and hour and from th	, that (l) (we) lost
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

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DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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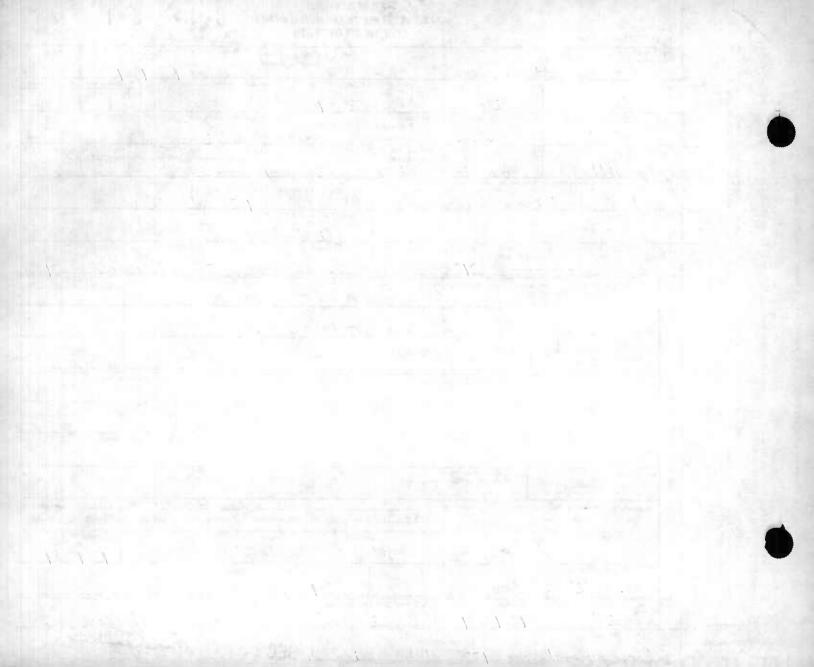
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10 C	ITY OR TOWN OF E	DEATH		OSPITAL, NURSING	HOME	R OTHER INSTITUTION	12a USUAL	OCCUPATION	1		OF BUSINESS OR
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CERTIFICATION	19a DATE OF OPE	RATION	196. CONDIT	ION FOR WHICH O	PERATION	WAS PERFORMED	20a AUTO	PSY? 2	Ob. IF YES, W	VERE FINDIN	NGS USED
TIFIC							YES	NOU "	VES [	_	OF DEATH?
CER	21a. ACCIDENT WAS				100.00	21c HOW INJURY OCCUP	RRED (ENTER NA	TURE OF INJURY IF	HITEM 18 PART	I OR PART 2)	- 0
	OR CONTRIBUTING				YEAR 19	100					
MEDICAL	21d INJURY OCC		21e. PLACE O	F INJURY		211 LOCATION					
×	WHILE NOT	WHILE D	(AT HOME STREE	ET, FACTORY, OFFICE, FARA	M, ETC )	STREET		CITY OR TOWN		COUNTY	STATE
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	saw the dece		Dec It) view the body o	19 5	1, an	d that in (my) (***) apinian	death accurre	d an the date	and haur ai	nd Iram the	causes stated
	22b. SIGNATURE	W 11	I] view the body d	Iffer death		PEGREE				22c. DATE	SIGNED
	41	UND	2/1/10	Mar	9	1-0 ATTENDING	MEDICAL	STAFF	νΠ	Dec	1 1981
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Mc ully Funeral Home, 130 E. Foot Ave. Balto. Md.

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oge deat		AME				IEWSKI	1	2 19	81	11:45 <sub>M</sub>
Q & .	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH	IDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
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rithin (1thin	14. F/	ATHER'S NAME	WIDDIE	IAST		15. MOTHER'S MAIDEN NA				
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MORE,		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIALS	SECURITY NO.	17. INFORMANT	ADDRES	S	71. I	21236
IMORE		No	VE WAR OR DATES	215-0	07-0670	Geraldine	C.Shanaha	n 4210	Ga:	
T., BAL Tificote physicis mpoper movol.	103	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe ED BY: .TE CAUSE (o)	CELLI	ULAR F	AILURE			BETWEEN O	IMATE INTERVAL ONSET AND DEATH
or re		/533		OR AS A CONSE	OUENCE OF -					
deot deot deot ton, aum		Conditions, if ony, which	(b)_	PI	RITON	AL CARCINO	MATOSES			
by the by the compose remover the other tr		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	OR AS A CONSE	GMOTD (	CARCINOMA	NET NET			
quires the signed then plee to burion injury, or nijury, or nijury	NO	PART 2. OTHER SIGNIFICANT					AIN AL DISEASE OR COND	TION GIVEN	N PART 110	
DIVISION OF VITAL RECOKDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rathending physician.  Wher this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than Amental Hygiene prior to buriol, cremation, or removal.  Oviked or them 18 shows any injury, or other traumantic event, the medical examiner must be a controlled to the property of the	CERTIFICATION	190 DATE OF OPERATION 12-16-81	196. COND	I GMO I D	CARCII	N WAS PERFORMED NOMA	20a AUTOPSY? YES NO	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	NGS USED OF DEATH?
SION OF VII PHYSICIAN: 1 this certificate the burial-trans and Mental Hyg d or frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY L.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART I	OR PART 2)	
DING PHYSICIA or ottending pl After this certifice os the buriol-ti oilth and Mental marked or frem	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY	V Private	21f. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
Z S S S S S S S S S S S S S S S S S S S		22a. I certify that (I) (this hasp saw the deceased alive a	1.4		9 8 2 - I	03 , 19 81 ad that in (my) (our) opinion	deoth occurred on the dot	e and hour an		that (I) (we) lost
he he he		1/19	24			DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF	AN 🗌	22c. DATE 12	-19-81
TO HOSPITAL OF TO FUNERAL DISHOULD be detacted with the Store DIMPORTANT: If		220 PHYSICIAN'S NAME (TYPE	R PRINT) RULDIF	5		CBMe, 6	101 M. Cho		S+ ,B	MD2124
BP	E	BURIAL, CREMATION, REMOVAL SPECIFY). BUPIAL				EMETERY OR CREMATORY	-	e	PUNTY	Md.
DHMH - 16 50M 1/81 (VRA 15, 4)	24. F	in land director	=H	7 40	7 Bel	Pan Rol 10th		n. REGISTRAR	SSIGNA	arthur

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should be detoched for use as the burial-tronsit permit. Then please remove carbonipal with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remov TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending

MPORTANT: If Item 21 is morked or Item 18 shows ony

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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	REGISTRAR		CERTIF	ICATE OF DE	ATH	REG. NO.			
3	1. DECEASED NAME FIRST	MIDDLE	i	AST		Za. DATE OF DEATH MOR	VIH DAY	YEAR	2b. HOUR
	RUTH	IRMA	ST	AYLOR		12	1 25	181	AM
1	3. SEX	4. RACE	5. DATE C	F BIRTH		AGE (IN YEARS LAST BIRTHDA	Y) IF U	INDER I YEAR	IF UNDER 24 HRS
	FEMALE	WHITE	07	24	10	71	YRS	THS DAYS	HOURS MIN.
Ä	To BIRTHPLACE ISTATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8			BALTIMORE CITY OR C		DEATH	
	MARYLAND	U.S.A.	WIDOWE	D NEVER MA	DRCED	BALTIMORE	COLING	v	***
-	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME C			17a USUAL OCCUPATION			F BUSINESS OR
ð	ARBUTUS	(IF NOT IN SUCH FACILITY, GIV	ESTREET ADDRESS)	CF	- 174	CT LEDIZ	ORKING LIFE)	INDUSTRY COOK T	E CO S
4	USUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	GE	- 1	CLERK		NA	E CO. &
	MARYLAND BALT	1.01 (0.11)		134. INSIDE CIT		3e STREET ADDRESS	TITT T A		1000
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ź	FIRST		AST	FII	RST	MIDDLE		1AS	
4	CHARLES  160 WAS DECEASED EVER IN U.S. ARA		L SECURITY NO.	AI 17 INFORMAN	NNA	ADDRESS			TFER
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1	NO	216-	01-5459	BERNARI	P. IR	ONS 5613 HAV	ITHORN		
-	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per line or id	161, only	7,	1	0011	X	BETWEEN	HIAST BHAT DEATH
1		E CAUSE (o)	16011	cyaca	una	& Jufu	chee		
	9100	DUE TO, OR AS A	SEQUENCE OF	110	- 10				
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1	underlying cause last.	1 10 0	ulle	war	un.				
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7	S 190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFOR	MED	20a AUTOPSY? 20	b. IF YES, W	ERE FINDIN	GS USED
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ı	OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	1				
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	in the deceased alive and	12/14/	1///	d that in my (o	ur) opinion de	oth occurred on the date of	and hour or	d from the	
	27b.6/GNA/URE	he body after death		M.GAPP-				77c. DATE	
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4									
	JOHN C. HEALY,		T			AVENUE, 21:	227		
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23c. NAME OF C		EMATORY	23d. LOCATION CITY OR TOWN		DUNTY	STATE
	BURIAL	12-26-81	LOUD	ON PARK		BALTIMORE	CITY	MAR	YLAND

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR

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21229 4107 WILKENS AVE.

HUBBARD FUNERAL HOME, INC.

BALTIMORE CITY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	R	OSSVILL	e 21237	Franklin	PITAL, NURSING HOME, (CILITY, GIVE STREET ADDRESS)  Square Hosp	ital	TION 12a U	SUAL OCCUPATION (TYPER MOST OF WORKING LIFE)	DE OF WORK 12b KIND OF E OR INDUS	TRY
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1	4. FA1	THER'S NAME FIRST JO	seph Al	len	LAST		ER'S MAIDEN NA/ FIRST Unknown	WE WIDDLE	LAST	
1	6a. W.	AS DECEASED E	VER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY I			ADDRESS		
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		lying cause		(c)	BUT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITIO	N GIYEN IN PART 1 (a).			
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Baltimore, Maryland

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

Leonard J. Ruck, Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

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MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examined must be unitimal

L	r.	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYG	IENE 8	1	3		8 5
4		CEASED NAME	FIRST	,	MIDDLE	(	AST		2a DATE OF	REG. NO.	NIH	DAY YEAR	2b HOUR
41	TYPE	E OR PRINT)	MELV	A F	EVELYN	ST	EWART		Decem	ber 31	L. 19	981	1:15p M
1	3. SE.	X		RACE		S. DATE C	F BIRTH	WF A.M.	6. AGE (IN YE			IF UNDER 1 YEAR	IF UNDER 24 HRS
)		Female		Whit	e	MONTH 4	12	08	73		YRS.	MONIHS DAYS	HOURS MIN.
6	Ro	ck Hall, Ma		U.S.A	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER M.	ARRIED		more (	-		MD.
51		Rossville		Frank		e Hoz	prother institutel	IUIION	120 USUAL O			EL INDUSTRY	Home
35	130. S Ma	AL RESIDENCE (IF NURS STATE Vryland	Balti	Y	136. CITY OR TOW	N .		NO XX	-/-	outh 5	2nd.	Stree	t 21224
30		Bartus		DDLE	Carter		Ma	ry	ME	WIDDLE	Van	Sant	ST
1		VAS DECEASED EVER YES NOOR UNKNOWN)		ED FORCES?	214-38-2	2558	Louis		ewart 4	ADDRESS	52no	l. St.	21224
	HON	Conditions, if ony, gove rise to imm couse iol, stotin underlying couse	nediote g the last	DUE TO, OF	Athroscer R AS A CONSEOUE Conjestiv R AS A CONSEOUE Prain t DITRIBUTING TO D	NCE OF hea NCE OF UMOr	rt fail	ure			ION GIV	EN IN PART 10	o
1	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO				NO ON	V CERTIF		NGS USED OF DEATH?
7		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	SIC HOM INT	URY OCCURR	RED (ENTERNATE	JRE OF INJURY IN	I ITEM 18 P	ART   OR PART 2)	
	MEDICAL	21d. INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	HE []	21e PLACE (	OF INJURY EET FACTORY, OFFICE FA	ARM ETC )	211 LOCATION	1		CITY OR TOWN		COUNTY	STATE
		22a. I certify that (I) saw the decease abave, (I) (we) (d 22b. SIGNATURE	d alive on _	Decembe	er 31 19 8	, 011	d that in (my) (c DEGREE AT			STAFF	and have	r and from the	
1		22d. PHYSICIAN'S NA	ME (TYPE OR P	Gauhai	•		22e. ADDRESS	Court					1
	24 FL	BURIAL, CREMATION, ISPECIFY Entombre UNERAL DIRECTOR SAME	removal nent	23b DATE /- 4-	82 000	rk Lo	EMETERY OR CR		East	RTOWN	regist	RING SIGNA	Withen
		, or sauce	u Juil	JILL, O	ZZT (aste	en H	renue	JAI	4 5	NC U/	Contraction of	4	

DHMH - 16 50M 1/81 (VRA 15, 4)

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2	1	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O	3 1 0 8 5
		DECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 2b. HOUR
o th	(1	OUY GUY	K.	STIFFLER	12-14	- 81 3:00 AM
	3. 5	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
1M)		MALE	WHITE	MONTH CAY YEAR 11 - 25 - 91	90	YRS. MONTHS DAYS HOURS MIN.
1 TO 10	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
0 0 C C	9	MARYLAND	U.S. A.	WIDOWED DIVORCED		ORE COUNTY MD.
the furth d with	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a LISHAL OCCUPATI	
Pa file	0	PARKTON	1212 ARMA	COST ROAD	rarmer.cu	lighway Balto. Cit
hau hau al be	130	SUAL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BE JNTY 13c. CITY OR TO		Maintal	nence
LAND 2 hin 24 hin 24 his should be should be	91		TIMORE PARK	TON YES NO X		RMACOST ROAD
RYL withi	20 14	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST
E, MAR	X	ALBERT	H. STIFFL	ER ELIZABE	TH A.	COOPER
execut and ca ages I	160	WAS DECEASED EVER IN U.S. A	(22240 00 04440)		ADDRE	PARKTON,
BALTIMORE, MARYLAND cote be executed within 24 spicion and campletely fille apers. Pages 1 and 2 should wol. It, the medical evaniner mus		NO	220 - O	1-5248 ALTHAY. STIL	FLER, 1212 F	ARMACOST RD. MD.
SALT orte & sicio rpers 'al.		18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b),	and icit	2 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the part of the same		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Sudden	desta	
W. PRESTON ST  the death cert  y the attending 1  se remove carbon  cremation, ar rer		7981	DUE TO, OR AS A CONSE	OLIENCE OF		
death death		Canditians, if any, which	(b)	300,700 07		
PRE che		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	OUENICE OF		
		underlying cause last.	DOL 10, OK AS A CONSE	WOLNEE OI		
ses the rest please the rest p		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
RDS,	N N					
beer mit. I	7	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
L RE lo son. hos per ene p	SERTIFICATION				YES NO NO	IN CERTIFYING CAUSES OF DEATH?  YES \( \square\) NO \( \square\)
VITA N. 11 Nysicis ronsit Hygid	J 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RRED (ENTER NATURE OF INJUI	
SICIAN ng phy certific urial-tru		OR CONTRIBUTING TO CAUSE OF DE		DAY YEAR		
HYSK ding ding ce buris ce buris ar Ite	MEDICAL	216. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires the attending physician signed to as the burial-transit permit. Then plea on the burial-transit permit. Then plea the and Mental Hygiene prior to burial, orked or them 18 show ony injury, or a prior to burial.	× ×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) STREET	CITY OR TOV	VN COUNTY STATE
DIN Or Se os se os se os se os		_	attended the deceased fra	m 1978 10	ta	19 67, that (1) (me) last
TEND ortol or or use or use of Heal		saw the deceased alive a	n_0-a19		n death accurred an the de	ate and haur and from the causes stated
hespirite ATT hespirite Hed for the feet. of tem 2		abave, (I) (we) (did) (did n	nat) view the bady after death.	DEGREE		22c. DATE SIGNED
T Day D			A XX		MEDICAL STAI	
by by ERA		226. PHYSICIAN'S NAME (TYPE	ORBINIT	PHYSICIAN 220. ADDRESS	DIRECTOR   PHYSIC	IAN 1 1981
TO HOSPITAL stond by the Should be detroined by the Should be detroined to with the Stone Mymportant:	1	Dr. Pietr			ppa Rd. T	owson, Md. 21204
5 a 5 4 3 M	230	BURIAL, CREMATION, REMOVA		31. NAME OF CEMETERY OR CREMATORY	-CITY OR TOWN	GOYNTY STATE
BP	L	puriat ,	Dec. 16, 1981	Pine Grove Cemete		1, Balto, Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	1	FUNERAL DIRECTOR	ADDR SS	1 2 Dise	TE REC'D. BY REGISTRAN	236. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

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Nat'l Pike 21229

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO

FOR STATE

REGISTRAR

Truman Schwab.P.A.

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Secretary of the				

STATE OF MARYLAND

Item 5 g562 12/22/81 gj

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BP. DHMH-16 30M 2/80 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

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STATE OF MARYLAND

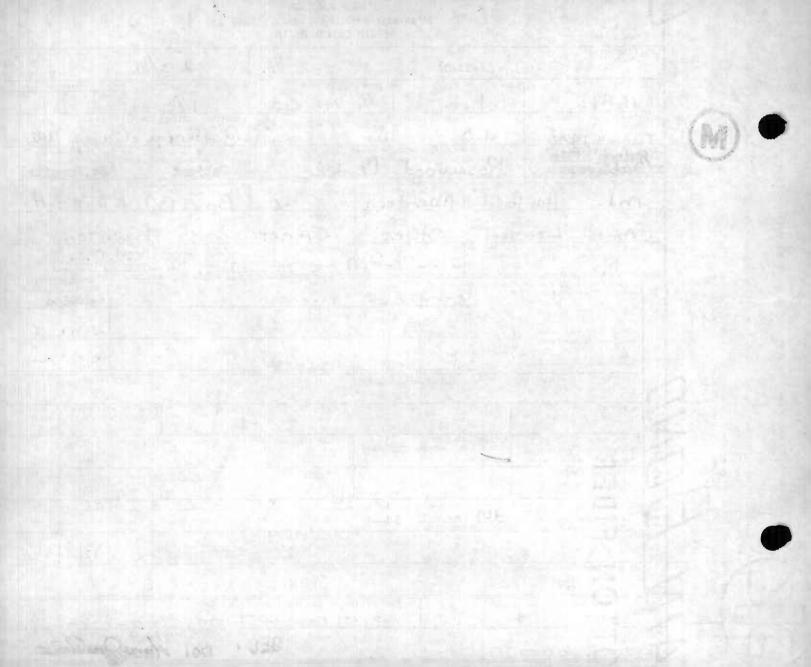
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG	IENE 5 .	3	J	5 7
		CEASED NAME FIRST	MIDDLE		AST			YEAR 2b. F	HOUR
	(		OTHY G.	STROV	V		0 17	8/ 6	* AM
	3. SEX	[4.1	RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONIHS	DAYS HOU	NDER 24 HRS
	1	Female	White	Jun		77	A'RS	0410	
2	₩ BII	(U) 12 12 10.	CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF			
1	10 CI	Maryland TY OR TOWN OF UTEATH 11.	USA	WIDOWE		12a. USUAL OCCUPATIO	imore	KIND OF BUS	
1	1	Towson	Manor C	Care Tow		(TYPE OF WORK FOR MOST OF Homemak	WORKING LIFE) IND	USTRY Own H	
2	13a. S	ALRESIDENCE (IF NURSING HOME OR OTH TATE 13% COUNTY Maryland Balto	13c. CITY C		13d INSIDE CITY LIMITS? YES NO X	The second secon	E. Jopp	a Roa	ad
0	14. FA	THER'S NAME MID	Grine	AS1	15. MOTHER'S MAIDEN NAM	ME MIDDLE		Cla	ırk
٦		AS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRES	S		
	(1	No (IF TES, GIVE W		22 4889	Frederick I	R. Strow		Sar APPROXIMATE I	
	TION	Conditions, it any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CON		NG TO DEATH BUT					
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?  YES □ NO ☑	20b. IF YES, WERE IN CERTIFYING C YES	AUSES OF D	
1		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MON' P.M.	TH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR F	PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	in cor	INTY	STATE
		saw the deceosed olive an abave, (1) (we) (did) (did not) v		19 8/ , 01	nd that in (my) ( apinion o	death accurred on the dat	te and hour and Ir		(1) (we) last es stoted
		22h SIGNATURE	to 17/	bes n	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF		DATE SIGN	7/8/
		22d. PHYSICIAN'S NAME (TYPE OR PR	eT. 13	EES	27e. ADDRESS	Monket	m K	10/21	ell.
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNT	Υ	STATE
		Cremation	12/18/81		Mount	Balto.,		Md.	
	24 FL	INERAL DIRECTOR Henry	W. Jenkin	Sess & Son	s Co. 250 DATI	E REC'D. BY REGISTRAR	SA DEGISTRANS	IGNATURE.	Clen
			Balto.		1212	OT LION	01	- Carrier	

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	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	5 1	0 9 0
7-E		CEASED NAME FIRST OR PRINT)	Lemuel	SYER Jr.	20 DATE OF DEATH MON	SI. DAY Y	YEAR 26 HOUR 7
s of the c	1 58	male	white	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	YRS	DAYS HOURS MIN
M) 3		nary land	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED AND WIDOWED DIVORCED	Baltimore city or c	Ow,	ngo Mutto MI
18	XXX	Wings Wills	(IE) OIN SUCH FACILITY, GIVE STREET	Center	(TYPE OF WORK FOR MOST OF WO Patient	ORKING LIFE) INDU	KIND OF BUSINESS OR USTRY .Hospital
35		md. Han	ord Abend	VN 13d. INSIDE CITY LIMITS? Leen YES NOW	13e STREET ADDRESS	1. RD	#3-A
120	1	Ames Lem		Sr. 15. MOTHER'S MAIDEN NA FIRST TAnet	Marie T	horn	
2 Prediction		VAS DECEASED EVER IN U.S. ARM (es, no or unknown) (if yes, give v	NAR OR DATES   166 SOCIAL SECTION   212 - 71	f- 20 Mrs. Janet	Greens Kelley, 107 C	sboro, N Greenbri	
remayal		PART I. DEATH WAS CAUSED	one couse per line for 10 , 16 , or BY: CAUSE (0) COS CL	- A			APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
attendin nave cark atian, ar raumatic		Conditions, if only which gove rise to immediate	DUE TO, OR AS A CONSEOU	ENCE OF		21	yhus
d by the lease ren ral, crem or ather t		couse (a), stating the underlying couse last	(()	han Syndrome, 180		b	irth
een signe it. Then p ior to bur iy injury, o	TION			<u>DEATH</u> BUT NOT RELATED TO THE TERM			
has b ene pr aws ar	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	YES 🗌	AUSES OF DEATH?
s certificate burial transi Mental Hygi	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PA	ART 2)
os the by th and M arked or	MED	WHILE OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNT	ITY STATE
Spital or CTOR: A for use : af Heal n 21 is m		22a I certify that (1) (this haspital saw the deceased alive on above, (1) (well alid) (did not)		3 ( , and that in (my) (our) opinion	, 10		THE PROPERTY AND A
XAL DIRE detached detached rate Dept		226. SIGNATURE Reauha	u mo		MEDICAL STAFF DIRECTOR PHYSICIAN		DATE SIGNED
TO FUNERAL I should be deto with the State I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OR)		22e ADDRESS ROSEWC	DOD CENTRI	E	
ē ≓ ÷ ≩ <u> </u>	23a. E	SPECIFY)		NAME OF CEMETERY OR CREMATORY  1gel Hill Cemetery	23d LOCATION CITY OF TOWN Havre de Gr	county	state
H - 16 60M 1/75 VR A 15 (4))		UNERAL DIRECTOR NAME OWARD K. McComas	ADDRESS	25g. DAT	E REC'D. BY REGISTRAR	SECISTRAP'S SI	CHANGE

STATE OF MARYLAND



6010 REISTERSTOWN RD. BALTO., MD

- STATE

DHMH - 16 50M 1/11 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21215

REG. NO

12b. KIND OF BUSINESS OR

**7211 PARK** 

APPROXIMATE INTERVAL

NO [

STATE

COUNTY

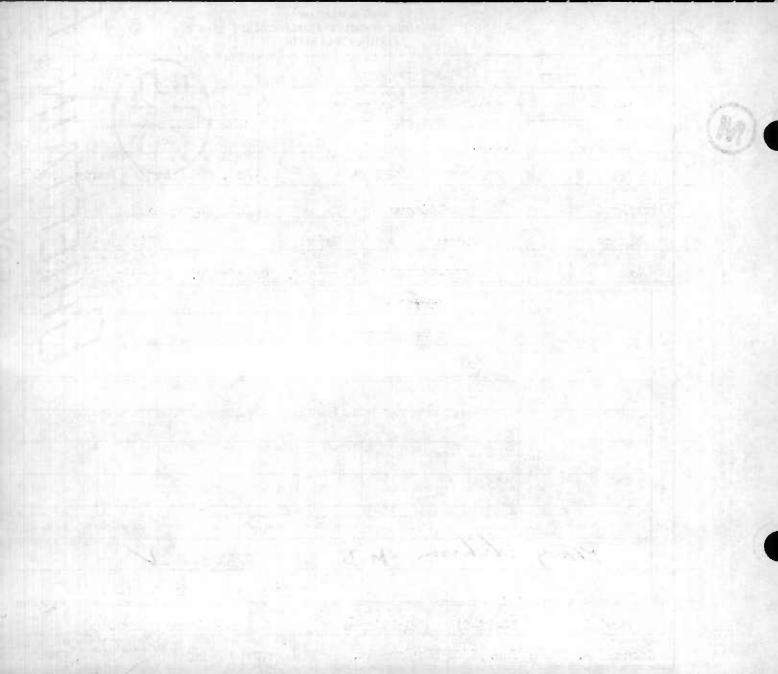
22c. DATE SIGNED

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2	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIENE S REG. NO	5 1	J 4 3
		CEASED NAME FIRST	M	IDDLE	L	AST		MONTH DAY YEA	AR 2b HOUR
	(TYPE	OR PRINT) HELEN	1	S	VOBODA	A	1	12-10-81	3:52am
	3. SE	(	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS.
1		Female	White		8-3	0-21 YEAR	60	YRS.	ATS TOOMS MIN.
1)34		RTHPLACE (STATE OR FOREIGN COUNTRY)  Mary Land	76. CITIZEN OF W		8. MARRIEI WIDOWE	D NEVER MARRIED	BALTIMORE CITY O		<b>H</b>
50		TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN I FACILITY, GIVE STREET JOSEPH H	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF Ret. Sales	on f working life) Indus Lady Pan	nd of Business or otry Pride
mus be	USU, 130. S	AL RESIDENCE (IF NUR.	OR OTHER INSTITUTION O	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Baltimo	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5625 Sagra		
OC Samine		THER'S NAME FIRST  Andrew	MIDDLE	erry		15. MOTHER'S MAIDEN N Helen		Ritter	LAST
lo l		VAS DECEASED EVER IN U.S.		166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRE	3415 Benso	n Mill Rd
2 medic	(	NO OR UNKNOWN)   TIF YES, (	GIVE WAR OR DATES)	216-14-3	3395	George J. S	voboda, Jr.,		
motic event, th		5679	ATE CAUSE (o)	AS A CONSEQU	.0 5110			ap! aetw	PROXIMATE INTERVAL VEEN ONSET AND DEATH
rry, or ather tra	7	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	(c)	AS A CONSEOU		NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN IN PAR	RT Ho
ows ony inju	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAU	
ntol Hygin		2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( [IF EITHER NOTIFY MEDICAL EXAMIT	DEATH HOUR A.A	A. MONTH D	AY YEAR	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR	T 2)
rked or h	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY, OFFICE,	FARM ETC )	21f. LOCATION STREET	CITY OR TO	0.1	
of Heolt		22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (4)	on ottended the	deceosed from 19	81	$\frac{1981}{1981}$ , $\frac{1981}{1981}$ and that in (m. (our) apinion	to 12-10	19 81	, Inot (II (we) lost
ote Dept.		226. SIGNATURE	, Chi	him	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF L	DATE SIGNED
with the Stol		PEMY CHHIM				7620	YORK ROAD TO	OWSON MD 2	1204
3 3	23a. I	BURIAL, CREMATION, REMOVE SPECIFY: Burial	23b. DATE 12-12-		NAME OF C	EMETERY OR CREMATOR	Baltimor	e, Marylan	
4 1/B1 4)		uneral director Leonard J. Ruc	k, Inc.,5	305 Harj	ford R	7		256 REGISTRARYS SIG	

STATE OF MARYLAND



aned by the attending physician and completely filled in by the please remove carbon papers. Pages 1 and 2 should be filled wi

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical exam

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the bunol-transit permit. Then please remove carbon-poper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	I DE	CEASED NAME FIRST		MIODIE		LAST		20 DATE OF DEATH		DAY	YEAR	la company
		Andrew		Peter			r.	20 DATE OF DEATH	12	31	81	26 HOUR
1	3. SE.	X Male	4 RACE Wh	ite	S. DATE C		19	6 AGE (IN YEARS LAST I	SIRTHDAY) YRS	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.
15		IRTHPLACE (STATE OR FOREIGN Penn.	U.S		MARRIE WIDOWE		ORCED	9. BALTIMORE CITY Balt	or coun imore	TY OF DE	ount	<b>y</b>
0		Edgemere	(#NO263	2 NO STE	der A	ve. 212	19	120 USUAL OCCUPA				Fab. Co
5	13 M		ROTHER INSTITUTION	13c. CHY OR IOW		13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 2612 No.	Snyde	r Av	Θ	21219
30	14 FA	ATHER'S NAME FIRST	WIDOLE	Swedo		15. MOTHER'S	ary	WE			LAS	1
1		WAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR OATES)	214-20-0		17 INFORMAN		A. Swedo -		York	way	21222
	N.	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse last.  PART 2. OTHER SIGNIFICANT	DUE TO, O  DUE TO, O  DUE TO, O  (c)	R AS A CONSEQUE	nce of	NOT RELATED T	O THE TERM	inal disease or coi	NDITION G		11,	MATE INTERVAL  WHISE I AND DEATH  WHISE I AND DEATH
9	CERTIFICATION	190. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?  YES NO	IN CERT			IGS USED OF DEATH?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P. PLACE	M. MONTH DA M.	19	21t. HOW INJU		RED (ENTER NATURE OF IN)			PART 2)	STATE
		220. I certify that (I) (this hosp sow the deceased alive or obove, (Hi) (did) (did no 22b. SIGNATINE)  22d. PHYSICIAN'S NAME (TYPE	of) view the body	122 10		DEGREE AT PH  22e ADDRESS	TENDING HYSICIAN	DIRECTOR PHYS	AFF	our and fo		
	23a B	Dr. Seymour BURIAL, CREMATION, REMOVAL SPECIFY BURIAL		0-		EMETERY OR CR	REMATORY	Northern  23d LOCATION CITY OR TOWN Balto		COUN	TY	STATE Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

FOR STATE

REGISTRAR

AODRESS Duda-Ruck Inc. 7922 Wise Ave. 21222 Balto Balto 250 DATE REC'D. BY REGISTRAN 251 REGISTRAN 6 1982

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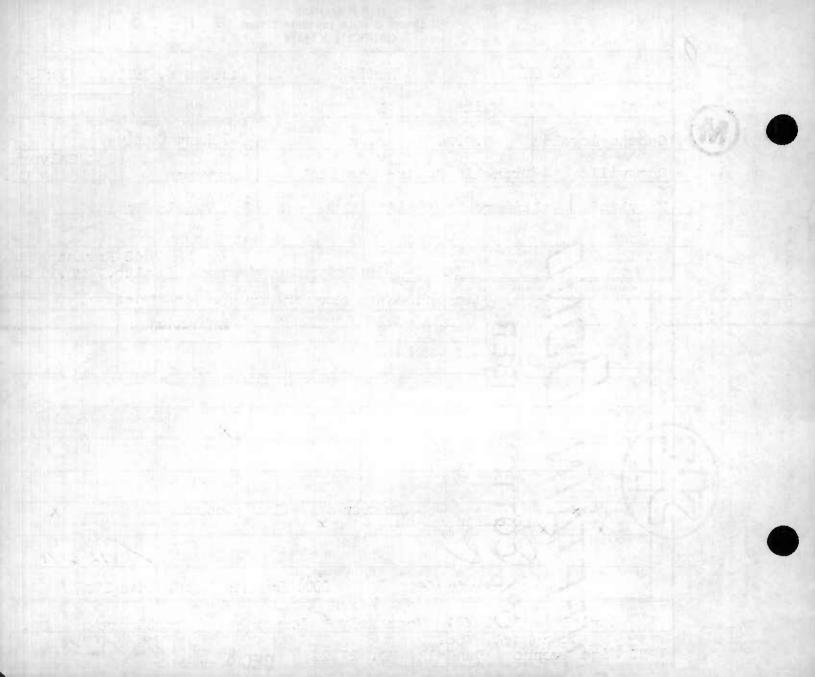
Female White 1 4 1909 72 YRS ONTHE DATE OF THE PROPERTY OF THE		١.	FOR			TATE OF MARYLAN		NE 8 1	3	10	9 4
DECEASED NAME   FIRST   MADULE   MADU	X				CER	TIFICATE OF DEA	ATH	DEC N	10		
JULIA TANCIBOK December 6, 1981 10:35  3. SEX	0			WIDDLE		LAS1				Y YEAR	2b. HOUR
S. DATE OF BIRTH	7	TYP	JUL	IA	TAI	NCIBOK		December	6, 1983		10:35 <sup>p</sup>
Female		3 SE	X	4. RACE							IF UNDER 24 HRS
CZechoslovakia U.S.A.	1				1		909			NIHS DAYS	HOURS MIN.
10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH ACCIUTY, ONE SHEET ADDRESS)   128 LINE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH ACCIUTY, ONE SHEET ADDRESS)   128 LINE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NO MORE OR MOST OF WORKING LIFE)   128 LINE OF MOST OF WORKING LIFE)   128 LINE OF MOST OF WORKING LIFE   128 LINE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT WORK OR MOST OF WORKING LIFE)   128 LINE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT WORK OR MOST OF WORKING LIFE)   128 LINE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT WORK OR MOST OF WORKING LIFE)   128 LINE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   128 LINE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   128 LINE OF HOSPITAL NURSING	140	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8.	RRIED NEVER MAI	RRIED 5		_		
ROSSVILLE   Franklin Square Hospital   Characteristic Continues   Character	1			1	A. WIDO	DWED NO	RCED .	Baltimore	County	/	MD.
USUAL RESIDENCE IF NUMBERS HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION   13d. INSIDE CITY LIMITS?   13e. STREET ADDRESS   320 Oriole Avenue   320 Oriole	27			(IF NOT IN SUCH FACIL	ITY, GIVE STREET ADDRESS	)	I NOIT				
136. STATE   136. COUNTY   Baltimore   Eastpoint   134 INSIDE CITY LIMITS?   134 STREET ADDRESS   320 Oriole Avenue   320 Oriole Avenue   320 Oriole Avenue   14. FATHER'S NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   16. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   78.43   Kavanagh   17. INFORMANT   ADDRESS   78.43   Kavanagh   18. CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic.)   PART I. DEATH WAS CAUSED BY   Hemopericardium secondary Ruptured Myocardial   APPROXIMATE NITEYAL AND DEATH (Enter only one couse per line for io), (b), and ic.)   PART I. DEATH WAS CAUSED BY   Hemopericardium secondary Ruptured Myocardial   APPROXIMATE NITEYAL AND DEATH (Enter only one couse per line for io), (b), and ic.)   PART I. DEATH WAS CAUSED BY   Hemopericardium secondary Ruptured Myocardial   APPROXIMATE NITEYAL AND DEATH (Enter only one couse per line for io), (b), and ic.)   PART I. DEATH WAS CAUSED BY   Hemopericardium secondary Ruptured Myocardial   APPROXIMATE NITEYAL AND DEATH AND DEA	0 /			Franklin	Square	Hospital		Charwoma	n	Buil	ding Co
Joseph Vranek Not Known    160 WAS DECEASED EVER IN U.S. ARMED FORCES?   160 SOCIAL SECURITY NO.   17 INFORMANT ADDRESS 7843 Kavanagh   18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic)   218-05-6010 Josephine Massar Balto., MD. 212    18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic)   PART I. DEATH WAS CAUSED BY   Hemopericardium secondary Ruptured Myocardial   IMMEDIATE CAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF   Infarction	325	13a. S	STATE 13b. COU				LIMITS? 1	3e STREET ADDRESS			
JOSEPH  WAS DEEPH  WAS DEEPH  WAS DEEPH  WAS OR DATE IN U.S. ARMED FORCES?  I 66. SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS 7 8 4 3 Kavanagh  NO  218-05-6010 Josephine Massar Balto., MD. 212  APPROXIMATE INTERVAL  ELTWEEN ONSET AND DEATH  WAS CAUSED BY  Hemopericardium secondary Ruptured Myocardial  WAS DEEPH MASS CAUSED BY  Hemopericardium secondary Ruptured Myocardial  Approximate interval  ELTWEEN ONSET AND DEATH  O DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which  gove rise to immediate cause (o). stoting the  underlying cause lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUTOPSY?  YES NO   IN CERTIFYING CAUSES OF DEATH?  YES NO   IN CERTIFY IN CAUSES OF DEATH?  YES NO   IN C	Elmi			timore E	astpoint		○ <b>X</b>	320 Orio	le Ave	enue	
166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   7843   Kavanagh   18	27	14. FA		WIDDLE	LAST					LAS	т
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   19 CONDITION (C), (c), and	400						N	ot Known			
NO   218-05-6010   Josephine Massar   Balto., MD.212      18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).     PART 1. DEATH WAS CAUSED BY   Hemopericardium secondary Ruptured Myocardial     Hemopericardium secondary Ruptur	dico /				OCIAL SECURITY N	O. 17 INFORMANT		ADDR	ESS7843	Kava	nagh Ro
PART I. DEATH WAS CAUSED BY Hemopericardium secondary Ruptured Myocardia    MMEDIATE CAUSE (a)   Hemopericardium secondary Ruptured Myocardia	E/				8-05-603	LO Joseph	ine M	lassar	Balte		
Hemopericardium secondary Ruptured Myocardial  Hemopericardium secondary Ruptured Myocardial  Hollow Part 2. Other Significant Conditions Contributing to Death But not related to the Terminal Disease or Condition Given in Part 1:0  Part 2. Other Significant Conditions Contributing to Death But not related to the Terminal Disease or Condition Given in Part 1:0  Part 2. Other Significant Conditions Contributing to Death But not related to the Terminal Disease or Condition Given in Part 1:0  196. Date of Operation  196. Conditions for Which Operation Was Performed  206. autopsy?  Yes No	t,		18 CAUSE OF DEATH (Enter of	nly one couse per line fo	or (a), (b), and (c).)	P				APPROXI	
4 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO 196. DATE OF INDINGS USED IN CERTIFYING CAUSES OF DEATH?	even			CICII	opericard	ium second	ary Ku	ptured Myc	cardia		
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YES NO NO NOTE THE NOTE OF AUSES OF DEATH?  YES NO NO NO NOTE THE NOTE OF AUSES OF DEATH?  YES NO NO NO NOTE THE NOTE OF AUSES OF DEATH?  YES NO NO NO NOTE THE NOTE OF AUSES OF DEATH?  YES NO NO NO NOTE THE NOTE OF AUSES OF DEATH?  YES NO NO NO NOTE THE NOTE OF AUSES OF DEATH?  YES NO		ATIC	190 DATE OF OPERATION	19h CONDITION	FOR WHICH OPERA	TION WAS PERFORM	ED	28a ALITOPSY?	20h JEYES V	VERE FINDIN	IGS LISED
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF ROAD AM. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH OF AM. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH OF AM. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH OF AM. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE OF CAUSE		FFC							INCERTIFYII	NG CAUSES	OF DE ATH?
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR [IF EITHER NOTIFY MEDICAL EXAMINER] P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION		ERT	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJU	JRY	121c. HOW INJUI	RY OCCURRE				NO []
2 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION	E			AIR		AR		CHIEF IN ONE OF THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
W CONTRACT C	or He	DIC									
WHILE NOT WHILE AT WORK AT WORK (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]  STREET  CITY OR TOWN  COUNTY STATE	kedo	WE						CITY OR TO	NWO	COUNTY	STATE
220 I certify that (this hospital) attended the deceased from December 6 , 19.81 , to December 6 , 19.81 , that K (we) I	ma <sub>r</sub>			ital) attended the dece	eosed from Dece	ember 6	10 81	10 Decembe	r 6 10	81	that <b>V</b> (wa) lost
sow the deceased alive an December 6 19 81 , and that in (%) (our) opinion death occurred on the date and hour and from the couses stated	23 15	14	sow the deceased alive on	December	6 19 81	, and that in (🎉) (ou					couses stoted
sow the deceased alive an IPEL EMIDER 0 19 01 , and that in (10) (our) opinion death occurred on the date and hour and from the couses stated above. M (we) (did) (argout) we the body after death  DEGREE  ATTENDING MEDICAL STAFF	E		obove, (we) (did) (and oc	ot) www the body after a	death						
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12-6-81	#	n:		(1) (		ATTE	NDING	MEDICAL STA	FF		
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	Z		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			JICIAN []	DIRECTOR E FITTS	CIAIN	1100 0	01
PHYSICIAN DIRECTOR PHYSICIAN 1/22d. PHYSICIAN DIRECTOR PHYSICIAN DIREC	OR		Peon	· FERNAI	2300	9000	Frank	lin Squar	e Drive	21237	7
230. BURIAL, CREMATION, REMOVAL 23b DATE 23t NAME OF CEMETERY OR CREMATORY 23d LOCATION	<u>\$</u>	23a. E	BURIAL, CREMATION, REMOVAL	23h DATE	23t NAME O						
Burial 12/10/81 Most Holy Podoomor County State		- (	(SPECIFY) Burial	12/10/8	1 Most			CITY OR TOWN	altimo	YMUO	MD.
24 FUNERAL DIRECTOR DATA DATA TO THE TENT OF THE PROPERTY OF T	_	-	UNIFOAL DIDECTOR D	7 - 2 / 2 / 0	_ F100C	TIOTY REG					
7922 Wise Avenue Dundalk, MD. 21222 DEC 8 1981	/81	24. FU	ONERAL DIRECTOR DIDG 3 -	Ruck Ind	C -		250. DATE	REC'D. BY REGISTRAR	25b PEGISTRA	R'SSIGNATI	THE.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in be should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the busici-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed wire with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the medical examine

may be

## STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR				C	EKIIF	ICATE OF DEATH		REG. N	10.				
		CEASED NAME	FIRST		AIDDLE	TAY		AST	2a. DATE OI	DEATH	MONTH	DAY	YEAR	2b. HOUR	_
		LILLI	AN	G.		1	2 1	5	81   1 PM						
	3. SE	X		4 RACE				F BIRTH	6 AGE INY	EARS LAST BI	RTHDAY)	MON	NDER I YEAR	IF UNDER 24 H	RS IN
ñ.	J.	Female		White. Mar				h 1, 1893	88		YRS		DAIS	HOURS M	7
ė	7a BI	IRTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COL	JNTRY? 8.	AARRIF	D NEVER MARRIED	9 BALTIMO	RE CITY	OR COUN	TY OF	DEATH	1	
2		Maryland	Short.	USA		w	IDOWE	DIX DIVORCED	BA	LT0	CO.				MD.
1		TOWSON		GREAT		ALTO		CENTER	120 USUAL OCCUPATION   TYPE OF WORK FOR MOST OF WORKING LIFE    Housewife						OR
)	13a, S	Md	13b. COU		13c. CITY C	CE BEFORE ADM OR TOWN hervi		YES NO NO	_	ADDRESS <b>Nort</b>	hwood	i D:	rive		
C		Charles	F. S:		Į,	AST		15 MOTHER'S MAIDEN NAM Harriet	ME	WIDDIE	Dell		tas	ıT	
		VAS DECEASED EVER		MED FORCES?		AL SECURITY		17 INFORMANT		ADDR					
		No			213	74 18	76	Kenneth C. I	aylor		Sa	ame			
3		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
d		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (D) ASPIRATION PNEUMONIA													
		4/49 DUE TO, OR AS A CONSEQUENCE OF.													
١		Conditions, if any, which ( MASSIVE (R) SIDED CVA													
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF													
1		underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF HYPERTENSIVE CAD										N.E.			
	7	PART 2 OTHER SIGN	NIFICANT (	CONDITIONS CO	NTRIBUTIN	NG TO DEAT	TH BUT	NOT RELATED TO THE TERMI	INAL DISEAS	E OR CON	DITION	SIVEN	IN PART 1	0	
4	TIO														
2	CERTIFICATION	19a DATE OF OPERAT	TION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 20b. IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF D						
4	ERTI	21g. ACCIDENT WAS UND	EDIVING F	21b. TIME O	E INTUINV			131. HOW INTURY OCCUPE	YES 🗌	ио.		YES [		NO [	_
1		OR CONTRIBUTING	AUSE OF DEA	HOUR A.	M. MONT	TH DAY	YEAR	21c HOW INJURY OCCURR	ED (ENTER NA	TURE OF INJU	JRY IN ITEM 1	B PART 1	OR PART 2)		
П	MEDICAL	21d. INJURY OCCUR		21e PLACE (			19	21f LOCATION							
١	ME	WHILE NOT WH	ILE 🗆		TREET FACTORY, OFFICE FARM, ETC )			CITY OF TOWN				COUNTY STATE			
1		AT WORK AT WORK								5	10.81				
		220.1 certify that (I) (this hospital) attended the deceased from 2/4 19/81, to 12/15 19/81 sow the deceased alive on 2/5 19/81, and that in (my) (aur) apinion death occurred on the date and haur above, (I) (we) (did) (did not) view the body after death.										_, 17_		that (1) (we) causes stated	
		22b. SIGNATURE	12	+		DEGREE							22c. DATE		10
		Kuth Kanlos						PHYSICIAN [	MEDICAL DIRECTOR	STA PHYSIC	CIAN		12/	15/81	
		22d. PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS			22e ADDRESS							
		RUTH						GBMC	FE						
	23a B	BURIAL, CREMATION,	REMOVAL					EMETERY OR CREMATORY	23d. LOCA	OR TOWN	A E	cc	UNTY	STATE	
	24	Burial	- They	12/1	8/81	Lerra	aine	Park Cem.	Wood		Bal	ta	Co	MD	
	24 FL	INERAL DIRECTOR	uner	al Home	3631	PRFall:	s Re	ad 21211 DE	REC'D. BY R	EGISTRAR 981	256 SEG	STRAR	SSIGNAL	LIRE	
		~~~~			2-7-			196	A T	VVI a	1 0000	7	A STATE OF THE PARTY OF THE PAR	STATE OF THE PARTY OF	

DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the hospital or attending physician.

BP.

-[---Dec Lyrel ATT CONTRACTOR COURTERICE iving book too 1701 mittien unberrill 11 70 mi el el el estado de la companya de la ALABAM AND ROLLANDS WICHER (E) INTEREST LA CAD EVIEWED MAINTENANCE

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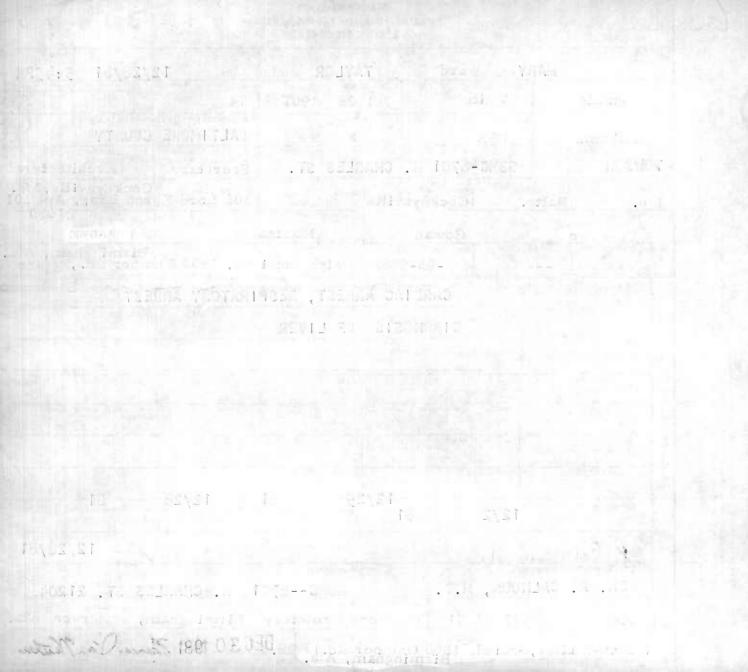
write 12/1/4 examples one state 3.21 will be seen at 2.21 3.21 with 3.21 will be seen at 2.21 3.21 with 3.21

ne must be notified of pace.

							E OF MARYLAND	10 5	100.3	4	13 /
	1.	FOR - STATE			DEP		HEALTH AND MENTAL HY	GIENE 6	3	IU	1 0
		REGISTRAR				CERTIF	FICATE OF DEATH	REG.	٧٥.		
		CEASED NAME E OR PRINT)	FIRST		MIODLE		AS1	20. DATE OF DEATH	MONTH D	AY YEAR	25 HOUR
			MARY		Vard		AYLOR				5:45PM
	3 SE		4	RACE Whit		5. DATE (	26 OAY 1907	6. AGE (IN YEARS LAST !		ONTHS DAYS	HOURS MIN.
	2 0	Female					26 1907	74	YRS.		
^		IRTHPLACE (STATE OR F.	OREIGN 76		WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
0	10.0	Alabama	711	USA	100000000000000000000000000000000000000	WIDOWI		BALTIMO			MD.
1	1	OWSON	IH III	GBMC-			RLES ST.	120 USUAL OCCUPA	OF WORKING LIFE	INDUSTRY	F BUSINESS OR
6	1		NG HOME OF OTH				IKLES SI.	Secretar	У	Arch	itectural
C				EK INSTITUTION			134 INSIDE CITY LIMITS?	306 Lord	Coc	keysv	ille, Md.
1		1d.	Balto.		Cocke	eysville	YES NO		Byron	Lane,	21030
21	1	FIRST	WIO	DLE	LAST		Martha	111701016		LAS1	T
JL	14- 1	Edward		D EODOES2	Cowa	SECURITY NO.	Martna 17 INFORMANT	ADD		Mitchel	
1		YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)		5-9862	Ralph Atchi		B11	rmingh or Rd	am, Ala
1	=						Raiph Atem	3011, 1000	OAIIIO		
		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSED B	Υ.	CAR	DIAC A	RREST, RESE	PIRATORY	ARREST	BETWEEN	MATE INTERVAL ONSET AND DEATH
		1-1710	IMMEDIATE C	AUSE (o)	0111	1110 1	TRILLOT, ILLOT	TRATORT	11111231		
		0//3		DUE TO, OI	RASCERR	H0515	OF LIVER				
		Conditions, if ony, gove rise to imm	nediote	(p)			01 21741				
		underlying cause	g the lost.	DUE TO, OF	R AS A CONSI	EQUENCE OF					
		PART 2 OTHER SIGN	HEICANIT CON	(c)	NITRIBILITING	TO DEATH BUT	NOT RELATED TO THE TERM	AINIAL DISEASE OR CO.	IDITION ONE	ALINI DA DY 1	
	Z		TI TEXT TEO	·binoris <u>cc</u>	31 VI KIDO I II VO	TO DEATH BOT	NOT RECAILED TO THE TERM	MINAL DISEASE OR CO	ADII ION GIVE	IN IN PART TIO	
0	ATION	190 DATE OF OPERAT	196 CONDITION FOR WHICH OPERATION WAS PERFORM				200 AUTOPSY?	WERE FINDIN	IGS USED		
7	TIFIC							YES TO NOT	IN CERTIFY YES	YING CAUSES OF DEATH?	
0	CERTI	210. ACCIDENT WAS UND		216. TIME O			21c. HOW INJURY OCCUR				
7		OR CONTRIBUTING C		HOUR A./	M. MONTH M	DAY YEAR	9.				
1	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY		21f. LOCATION	CITY OR 1	Overbi	COUNTY	STATE
	8	WHILE NOT WHE	KLE .			FICE, FARM ETC )	SIRECT	10	0.00	0.4	STATE
		220.1 certify that (I) saw the decease	(this hospital)	attended the	deceased fr	om 12/	25 19 81	, to 2/	48	9 81,	that (I) (we) last
		saw the decease above, (1) (we) (d	d olive onid) (did not) vi	ew the body	ofter death.	19.81 , 01	nd that in (my) (our) opinion	death occurred on the	date and hour	and from the c	couses stated
		226. SIGNATURE	,	DEGREE							SIGNED
		K, Cal	houn	MV			ATTENDING PHYSICIAN [	MEDICAL ST.	AFF ICIAN (1)	12	/28/81
1		22d. PHYSICIAN'S NA	ME (TYPE OR PR	NT)			22e ADDRESS			1 50 5 5	
		DR. R.	CALH	OUN.	M.D.		GBMC 670	1 N. CH	ARLES	ST . 2	1204
	23a E	BURIAL, CREMATION,		3b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		Burial	bell s	12/31	/81	Elmwo	od Cemetery	Birming	ham,	Jeffers	son Ala
		JNERAL DIRECTOR			4000	Ec.	25a. D	FREC'D BY REGISTRA	R 256 REGISTR	ARTSIGNATU	on.
	L	emmon-Mi	itchell	-Wied	efeld,	10 W.	Padonia Rd.	ro20 188.	Canne	to Jan	/ leither

DHMH - 16 50M 1/B1 (VRA 15, 4)

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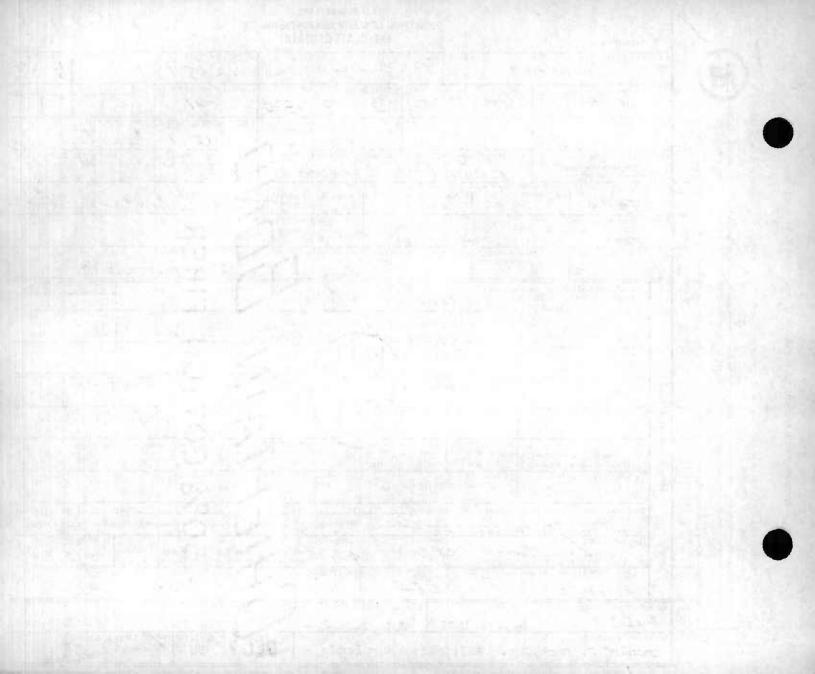
1	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLANI IEALTH AND MEI ICATE OF DEA	NTAL HYGII	ENE 8	<b>3</b>	1097
	PECEASED NAME FIRST	WIDDLE		LAST		20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
(M)	Mary	В	Tet	tkowski			12 13	81 4:25 P
3. S	SEX	4 RACE	5. DATE O	H DAY	YEAR	S. AGE (IN YEARS LAST BIR	THDAY) IF UN	HOER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
	female	white	,	9	96	85	YRS.	
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Poland	76 CITIZEN OF WHAT COU USA	MARRIE WIDOWI	D NEVER MAR		Baltimore City of Baltimore		
10.	CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, P (IF NOT IN SUCH FACILITY, GIV 6722 Rol	NURSING HOME	OR OTHER INSTITU	TION	120. USUAL OCCUPATO (TYPE OF WORK FOR MOST O house-wi	F WORKING LIFE)	26. KIND OF BUSINESS OF NOUSTRY home
ed tsum	UAL RESIDENCE (IF NURSING HOME OR . STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	138 INSIDE CITY	LIMITS?	3e STREET ADDRESS 6722 Rober		
3C 14.	FATHER'S NAME FIRST  An thony	MIDDLE	ST	IS. MOTHER'S M	Y			Blonded
S 1 16a	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT		ADDRE		
160	(YES, NO OR UNKNOWN) (IF YES, GIV	213 (	09 1496	Helen S	zech	lOl Juniper	Circle	Linthicum
	18. CAUSE OF DEATH (Enter on	ly one couse per line for (a),	(b), ond (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
went, th	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a) New	At Forlux	L			Mileson	( weak
other troumotic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON  (b) UT UT  DUE TO, OR AS A CON	105 Clyoter	C.V. ase	tel			1040
njury, or	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN II	N PART 1101
8 shows ony injur	19a. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH?
		HOUR A.M. MONT	H DAY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18, PART I	OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	215 LOCATION STREET		CITY OR TO	wn	COUNTY STATE
If Nem 21 is mo	270.1 certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no 27b. SIGNATURE	0 / 10	19_81, 01	nd that in (my) (ou DEGREE	1100		ate and hour and	A / , that (I) (we) los from the couses stated 22c DATE SIGNED
IMPORTANT: #	22d PHYSICIAN'S NAME (TYPEO			22e. ADDRESS		MEDICAL STAI	IAN 🗌 📗	12-1481 ORE Md 2122
3	S. C. HAUKO		In Name of	EMETERY OR CRE		123d LOCATION	TLIFA	
≤ 000					AA A TOPY	1736 LOCATION		uniy Md

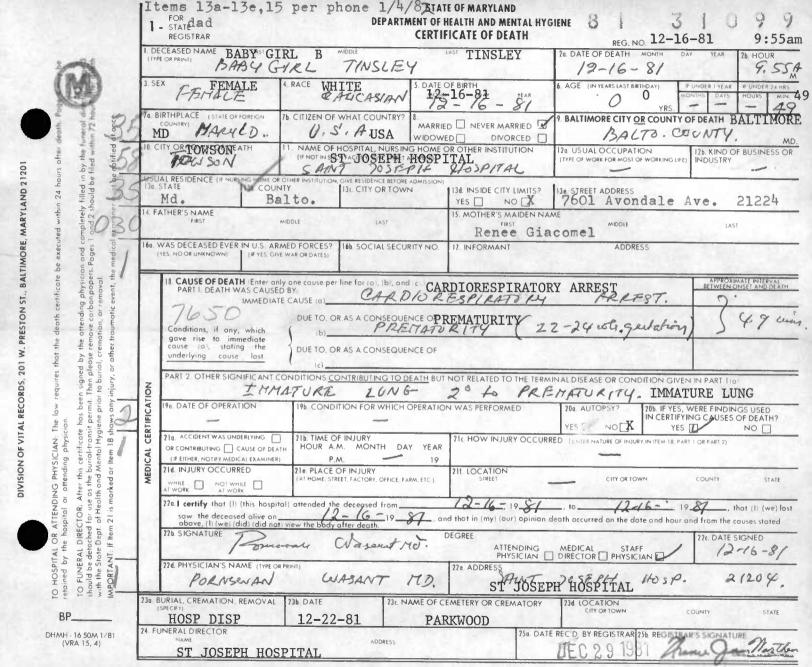
A County County County St. mont dis-sect surface . Surface Safety and the months of t the similar provide a partial left mass, meteors (0.41 to 145) surey, wilettin that increase the

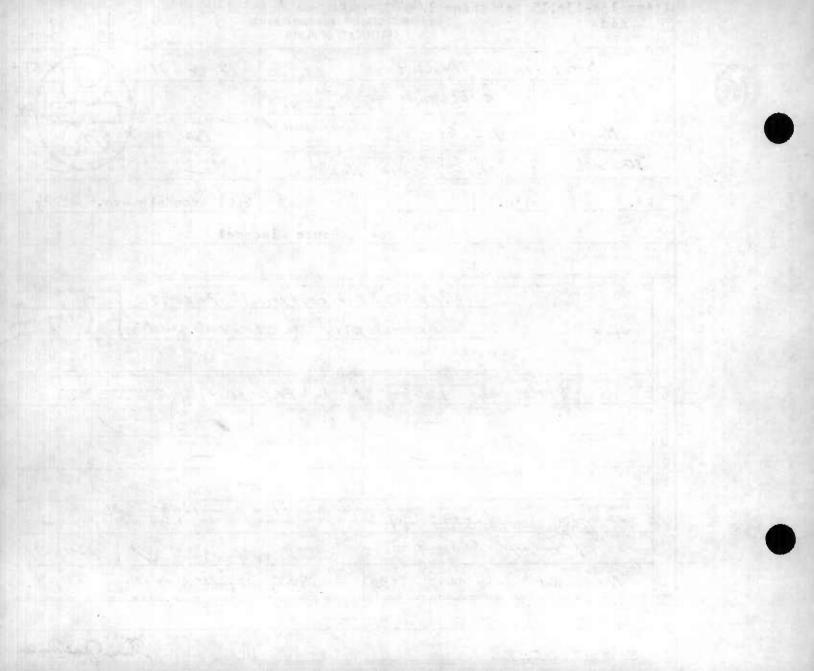
Leonard J. Ruck, Inc. Baltimore, Maryland

(VRA 15, 4)

STATE OF MARYLAND







1	1-	FOR STATE REGISTRAR				OF HEALT	MARYLAND H AND MENTAL CERTIFICATE	OF DEATH	31100			
** 625		DECEASED NAME FIRST MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.  DECEASED NAME (1996 OR PRINT)  Daniel C. Toomey  REG. NO.  Death Material Processing Control of Party (1986)  December (198										
	3. SE	× M	W W	5. DATE OF BIRTH MONTH DAY May 19,	1906 7	BIRTHDAY) MON		R 24 HRS. 2c. DATE PRONOUNCED DE AD	Recombes 1/ 1981 8P			
N N N N N N N N N N N N N N N N N N N	7a. B	IRTHPLACE (STA OREIGN, COUNTRY) Il timore	, Md.	7b. CITIZEN OF WI	SA		RIED XNEVER MAR	RIED L	ce Co.,			
		Towson			Stevens	on Ln	C-5	12a, USUAL OCCUPATION FOR MOST OF WORKING LIFE Chemis t	(ITYPEOF WORK 12b. KIND OF BUSINESS OR INDUSTRY Chemical			
21201 AND 3 T RETAIN RECORD		AL RESIDENCE (STATE Md.	T3b. COUN		ve residence before admission) 13c. CITY OR TOWN TOWSON		13d INSIDE CITY LIMITS?	310 Steve	enson Lane C-5			
MD. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	14. F	ATHER'S NAME FIRST	Bayard	i Toomey	LAST		15. MOTHER'S MAII FIRST Oliv	DEN NAME Via Susan Rich	nstein LAST			
T., BALTIMORE, N URS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PM 17. PAGES 1 AND 2. DIVISION OFWIT	T6a. '	WAS DECEASED YES, NO, OR UNKNOV NO	EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SE 217 01		Mrs. Mari	310 Stevenson Ln				
AL RECORDS, 201 W. PRESTON ST.  JULD BE EXECUTED WITHIN 24 HOL  "PENDING" IN PENCIL IN ITEM 18  SED AS A BURAL. TRANSIT PERMIT  FE HEALTH AND MENTAL HYGIENE,  HEALTH AND MENTAL HYGIENE,  AL, CREMATION, OR REMOVAL.	X S	cause (a) s lying caus		DUE TO, OR	AS A CONSEQUE		SE OR CONDITION GIVEN IN I	PART I (a).				
SEA POSSES	CERTIFICATION	19a DATE OF					VAS PERFORMED?	A11 (U).	20. AUTOPSY?			
DIVISION OF VITAL REC THIS CERTIFICATE SHOULD E WARDED TO THE WORD "PEN WARDED TO THE CHIEF M PAGE 3 SHOULD BE USED A TATE DEPARTMENT OF HEAL 21201 PRIOR TO BURL (C	MEDICAL CERTIF	21a EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF	☐ OR G ☐ CAUSE OF	DEATH P.M	MONTH DAY	YEAR	IOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	YES NOW			
DIVIS F: THIS CER FE, WRITIN F: PAGE 3 S: TATE DEF 5, 21201 PF	MED	WHILE AT WORK	NOT WHILE (		TORY, FARM, ETC.)	DME, 1711. LC	STREET	CITY OR TOWN	COUNTY STATE			
CAMINER: ERTIFICATE D BE FOATE WITH THE S ARYLAND,		220. I certify death resulted ACTUAL SIGNATURE		ge of the remains des	Accident ,	Suicide C	Psy , Inspect ,	Inquiry Undetermined manner	and in my apinian  DATE 2/11/8/ SIGNED			
TO MEDICAL ED EXECUTE THE CONTROL OF SHOULD AFTER DEATH, VARIENDEAL DISTRICT OF THE PROPERTY, VARIANCRE, MAINMORE, M	1	EXAMINER'S N	1)	rles F. 0'		,	ADDRESS /					
BP		BURIAL CREMAT (SPECIFY) Bur	ial	12/15/81			or CREMATORY	k Baltimo	ore, Md			
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	NAME		ELD HOME,	INC.		JE	C 1 7 1381	Account of the second			

18 Harry Harry 1 81 The state of the s Hearte Mysesodial In Gridden Sterologist HOPPIN Sty Wiener Francisco 12 4 Top Top e de la companya de l A STATE OF THE STA injury, ar ather troumatic event, the medical

MPORTANT: If Item 21 is marked or Item 18 shows any

FOR STATE REGISTRAR			DEPARTA	LENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8	3	1 1	0 1		
DECEASED NAME	FIRST		MIDDLE	- (	AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
TYPE OR PRINTS	Rosen	nary C	hristine	Tox	wles	Decemi	ner 30.	1981	lo Pou		
SEX		4 RACE		5. DATE C		6. AGE LIN YEARS LAST BIR			UNDER 24 HRS		
Female		White	9	Sep		70	OURS MIN.				
BIRTHPLACE (SIA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	9 BALTIMORE CITY OR COUNTY OF DEATH				
Maryland		USA		WIDOWE		Baltir	nore C	ounty	MD.		
CITY OR TOWN OF Timonium			HOSPITAL, NURSIN HEACILITY, GIVE STREET A Timoniu	DDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homema	ON OF WORKING LIFE)	12b. KIND OF B			
SUAL RESIDENCE (# 30. STATE Md.	13b COU Balt	NTY	GIVE RESIDENCE BEFORE  134 CITY OR TOWN  Timoni	V	13d. INSIDE CITY LIMITS? YES NO X	326 E. Ti	moniu	m Rd.			
FATHER'S NAME	MALE OF	WIDDLE	LAST	ELEM	15 MOTHER'S MAIDEN NA	ME					
Richan	d C	onstant	Schnell		Rose	Olive		Royston	1		
WAS DECEASED E			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			o 43837		
(YES NO OR UNKNOW)	(IF YES, GI	VE WAR OR DATES)	220-46-	3027	Mrs. Susan	T Vina					
		(b)	R AS A CONSEQUE								
PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	N IN PART 110			
190 DATE OF OPERATION 196 COND 210, ACCIDENT WAS UNDERLYING 216, TIME C			ndition for which operation was performed			200 AUTOPSY?	IN CERTIFYI	Ob. IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES NO NO			
OR CONTRIBUTING	CAUSE OF DE	^In	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T   OR PART 2)			
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK		OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET			CITY OR TO	CITY OR TOWN CO					
sow the de	ceosed olive or	VIAC	deceased from 19 8	or	nd that in (my) (our) opinion	death occurred on the de	ote and hour a		t (I) (we) lost ses stoted		
221. SIGNATURE	lleb	1 30	Sting	Mil	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		224. DATE SIG	NED 8A		
22d PHYSICIAN	S NAME (TYPE	OR PRINT)			22e ADDRESS						

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

Fe BIRTHPLA Mary 10 CITY OR

USUAL RESIL 13a. STATE Md. 14 FATHER'S Ri 160 WAS DE

CERTIFICATION

MEDICAL

1. DECEASED TYPE OR PRIN

3 SEX

William H. Fusting, M. D.

23b. DATE

300 Ridgely Rd.

23d LOCATION
CITY OR TOWN
COCKEYSVILLE, Md.

STATE

230 BURIAL, CREMATION, REMOVAL Burial 1/4/82 Dulaney Valley Cem. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

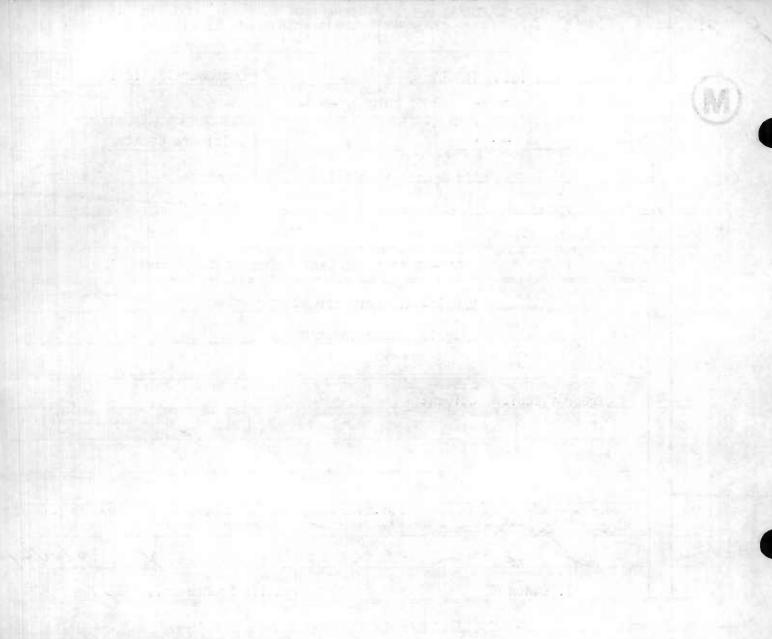
Lemmon-Mitchell-Wiedefeld, 10 W. Padonia RdJAN

Courses

it, it, it All. II word of the contract o i de la company --- Vo ---- V-252-W-352 Per. Susau3. Bib., Bolad, Lore Bare

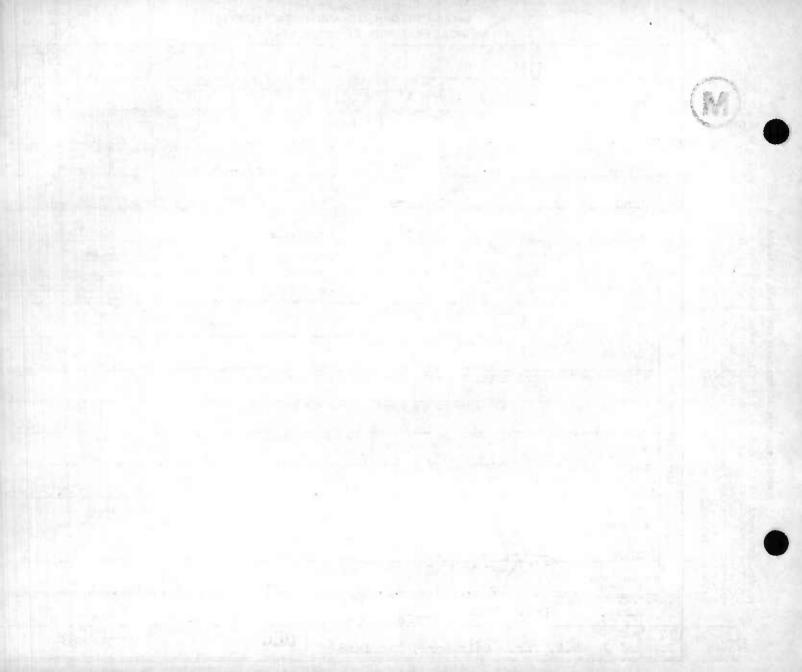
Language - is come in the second of the seco

1		OR PRINT)	Henr	rietta 1	TPACEY		AST	December		1981	26. HOUR 9:50a
(N	3. SE)	Female	Hem	4 RACE White		S. DATE O	OF BIRTH 1893	6. AGE (IN YEARS LAST)	BIRTHDAY)	MONTHS DA	
76		RTHPLACE (STATE OR COUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED C	Dall Language	_	NTY OF DEATH	
357		TY OR TOWN OF DE	ATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	TION TOF WORKIN	126 KINE INDUST	OF BUSINESS OR RY thing
335	13a S	Sex AL RESIDENCE (IF NUR TATE ruland	136 COUN	OTHER INSTITUTION	in Square GIVE RESIDENCE BEFORE 134 CITY OR TOW  Baltimon	E ADMISSION)	13d. INSIDE CITY LIMITS?	Seamstress	S		LIIIII
130	14. FA	THER'S NAME FIRST George	I	MIDDLE	Hiltz		15 MOTHER'S MAIDEN N		<b>25</b> II		LAST
medical	16a W	VAS DECEASED EVER ES NO OR UNKNOWN) NO		MED FORCES?	215-03-4		17 INFORMANT Richard Coop		ress Morve	n Rd.	
1. He		II CALISE OF DEAT	TM (Enter on							A100	
er froumotic even		Conditions, if ony gove rise to im couse (o), stoti	VAS CAUSE  IMMEDIAT  Immediate  ing the	DUE TO, C	or line for (a), (b), an  Cardio-pu  OR AS A CONSEOU  Hypoxic e  OR AS A CONSEOU	lmona ENCE OF nceph				BETWE	OXMATE INTERVAT EN ONSET AND DEATH
to buriol, cremotion, or remaining of grand njury, or other troumotic even	NO	Conditions, if ony gove rise to imcouse (o), stoti underlying couse	VAS CAUSE IMMEDIAT  IMMEDI	DUE TO, C  DUE TO, C  DUE TO, C  DUE TO, C  CONDITIONS C	Cardio-pu  DR AS A CONSEOUR  Hypoxic e  DR AS A CONSEOUR  ONTRIBUTING TO	Imona ENCE OF nceph ENCE OF		RMINAL DISEASE OR CO	NOITION		
ws ony injury, or other froum	TIFICATION	Conditions, if ony gove rise to imcouse (o), stoti underlying couse	vas Cause IMMEDIAT  /, which imediate ing the e last  NIFICANT (	DETO, CONDITIONS COLLAR ac	Cardio-pu  DR AS A CONSEOUR  Hypoxic e  DR AS A CONSEOUR  ONTRIBUTING TO  Ccident	Imona ENCE OF NCEPH ENCE OF	alopathy	200 AUTOPSY? YES □ NO	20b. IF IN CEI		1 o
18 shows any injury, or other froum	0	PART I. DEATH V  Conditions, if ony gove rise to im couse (o), stoti underlying couse  PART 2 OTHER SIG  Cereb  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED	IMMEDIAT  I, which imediate ing the elast  NIFICANT (  POVASO  ATTION  IDERLYING CAUSE OF DEAL ICAL EXAMINER	DBY: TE CAUSE (o)  DUE TO, C  (b)  DUE TO, C  TO DUE TO, C	Cardio-pu  OR AS A CONSEOUR  OR AS A CONSEOUR  ONTRIBUTING TO  CCIDENT	Imona ENCE OF NCEPH ENCE OF DEATH BUT	alopathy	200 AUTOPSY? YES NO	20b. IF IN CEI	GIVEN IN PART YES, WERE FIN RTIFYING CAUS	I o  DINGS USED  ES OF DEATH?  NO
or them 18 shows ony injury, or other troum	CAL	PART I. DEATH V  Conditions, if ony gove rise to im couse (o), stofi underlying couse  PART 2 OTHER SIG  Cereb  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED  21d, INJURY OCCUR	IMMEDIAT  I, which imediate ing the elast  NIFICANT (  POVASO  ATTION  IDERLYING CAUSE OF DEAL ICAL EXAMINER	DBY: TE CAUSE (o)  DUE TO, C  (b)  DUE TO, C  (c)  CONDITIONS C  CUlar ac  196 COND  216 TIME C  HOUR A  P  216 PLACE	Cardio-pu  DR AS A CONSEOUR  Hypoxic e  DR AS A CONSEOUR  ONTRIBUTING TO  Ccident  DITION FOR WHICH  DE INJURY  .M. MONTH D.	Imona ENCE OF NCEPH ENCE OF OPERATIO OPERATIO  AY YEAR 19	alopathy  NOT RELATED TO THE TER	200 AUTOPSY? YES NO	20b. IF IN CEI	GIVEN IN PART  YES, WERE FIN RT IFYING CAUS  YES   IB PART I OR PART:  COUNTY	I o  DINGS USED  ES OF DEATH?  NO
menior nygene procr to bottot, cremation, ritem 18 shows any injury, or other troum		PART I. DEATH V  Conditions, if ony gove rise to im couse (o), stofi underlying couse  PART 2 OTHER SIG  Cereb  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d, INJURY OCCUR  WHILE	IMMEDIAT  IMMEDI	DBY: TE CAUSE (o)  DUE TO, C  (b)  DUE TO, C  Ic)  CONDITIONS C  CUlar ac  196 COND  216 PLACE (AT HOME, ST	Cardio-pu  OR AS A CONSEQUI  Hypoxic e  OR AS A CONSEQUI  ONTRIBUTING TO  Ccident  DITION FOR WHICH  OF INJURY  M. MONTH D.  M. OF INJURY  REET, FACTORY OFFICE F	Imona ENCE OF NCEPH ENCE OF OPERATIO OPERATIO AY YEAR 19 FARM.EIC.)	alopathy  NOT RELATED TO THE TER  N WAS PERFORMED  21c HOW INJURY OCCL  21l LOCATION	200 AUTOPSY? YES NO PRED (ENTER NATURE OF IN	20b. IF IN CEI IN CEI	GIVEN IN PART  YES, WERE FIN RTIFYING CAUS  YES   IB PART I OR PART  COUNTY	DINGS USED LES OF DEATH? NO  STATE
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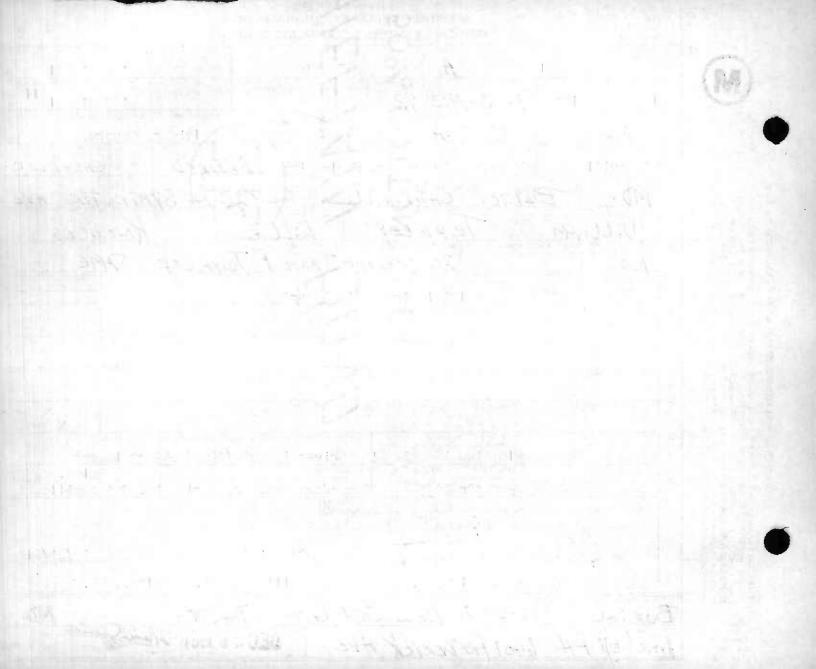


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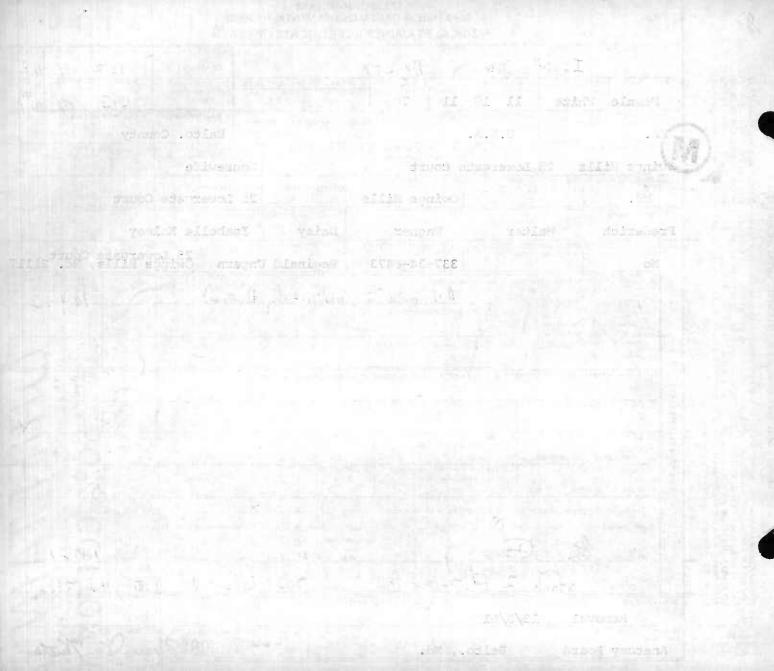
MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECASED NAME  DECASED NAME  William R  Trupia  DEATH MARID  DEATH MA	1	FOR			D	EPARTME		OF MARYLA		YGIEN		3 1		0 3
William R		REG	ISTRAR		MED		AMINER		ICATE O	F DEAT	H RE	G. NO.		
Second   S					lliam R				а		OF ESTI-			
7. BERTHPLACE   ISSUIT OF COUNTY   1. BERTHPLACE   ISSUIT OF COUNTY OF COU				5	DATE OF BIRTH	16	LAST BIRTHDAY)	IF UNDER 1 YR.	IF UNDER		ONOUNCED	MONTH	DAY Y	EAR 2d. HC
Dennsy   Vania   11. NAME OF HOSPITAL NURSING HOME. OR OTHER INSTITUTION   176 LOSA OCCUPATION (TYPE OF WORK BY DELTA OCCUPATION (TYPE OCCUPATION (TYPE OF WORK BY DELTA OCCUPATION (TYPE OCCUP	7a.	BIRTHI	PLACE (STATE OR				/2 II	400 FD <b>VV</b>	151/50	9.				
TOWSON St. JOSEPH HOSPITA    STATE   JOSEPH HOSPITA   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE   SIGNATURE							w	DOWED [	DIVORC	ED 🗆				
Tast   Table   Tast   Tast   Table   Tast   Table   Tast   Tast   Table   Tast		To	wson		St. J	oseph	Hospit	-	UTION	FOR MOS	T OF WORKING LIFE		OR IND	USTRY
The parties of the particles of the pa	130.	STATE			other institution, giv	13c. CITY OF	TOWN			18e STREET	ADDRESS	Road		
186 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).		FATHE	R'S NAME FIRST		MIDDLE	LAST	r	IS. MOTE	FIRST					
PARTIDEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Gover rise to immediate couse (a) stoting the under- lying cause lost.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  170. DATE OF OPERATION  170. DATE OF OPER	160.	. WAS	DECEASED EVER I	N U.S. ARME (IF YES, GIVE WA	D FORCES? AR OR DATES)	166. SOCIAL	SECURITY NO	). 17. INFO	RMANT	rupia		PRESS		
Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  1710. EXTERNAL CAUSE WAS  1710. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  CONTRIBUTING OR  CONTRIBUTING OR  CONTRIBUTING ON CONTRIBUTING ON CONTRIBUTION OF PART 2)  1711. INJURY OCCURRED  WHILE  NOT WHILE  AT WORK  A CITYOR TOWN  COUNTY  M.D. ASSISTANT  MEDICAL EXAMINER  M.D. ASSISTANT  MEDICAL EXAMINER  BATE  SIGNED  172. INSPECTION  COUNTY  ADDRESS  111 Penn Street Balto MD 212.  1730. BURIAL CREMATION, REMOVAL 1730. DATE  EXAMINER'S NAME  (TYPE OR PRINT)  174. INSPECTION  ADDRESS  111 Penn Street Balto MD 212.  1730. BURIAL CREMATION, REMOVAL 1730. DATE  SECRETIFY TO A DEC. 9. 1987  1731. PORT OF TOWN  COUNTY  COUNTY  ADDRESS  112 Penn Street Balto MD 212.  1731. EXPENDICATION  COUNTY  ADDRESS  1732. LOCATION  COUNTY  COUNTY  COUNTY  1734. LOCATION  COUNTY  1735. LOCATION  COUNTY  COUNTY  1736. LOCATION  COUNTY  COUNTY  COUNTY  1737. LOCATION  COUNTY  1738. LOCATION  COUNTY  1739. LOCATION  COUNTY  1749. LOCATION  COUNTY  1750. LOCATION  COUNTY  1750. LOCATION  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  ADDRESS  1750. LOCATION  COUNTY  COUNT		18	CAUSE OF DEATH PART I DEATH WA	AS CAUSED 8	BY: h			complica	ations				APPROXI BETWEEN (	IMATE INTERVA
OUE TO, OR AS A CONSEQUENCE OF    Jying cause lost.		17		ny, which		AS A CONSE	QUENCE OF							
196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPS  YES   2110. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING COUNTY  AT WORK  AT WOR			cause (a) stating		DUE TO, OR	AS A CONSE	QUENCE OF							
UNDERLYING CAUSE OF DEATH 12:30AM 11/28 19 81 found hanging by neck  21d. INJURY OCCURRED WHILE AT WORK XX hospital, Psychward St. Joseph Hospital, Towson, BaltoCo.  22a   Leerlify that I taak charge of the remains described above, held an death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner . TITLE (SPECIFY)  ACTUAL SIGNATURE . M.D. ASSISTANT MEDICAL EXAMINER SIGNED . 12/1  EXAMINER'S NAME (TYPE OR PRINT)	z		T 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL	DISEASE OR CONOITI	ION GIVEN IN PAI	RT 1 (a).				
UNDERLYING OR SE OF DEATH 12:30AM 11/28 19 81 found hanging by neck  11d. INJURY OCCURRED WHILE AT WORK AT WORK XX hospital Psychward St. Joseph Hospital Towson BaltoCo.  12d. I certify that I taak charge of the remains described above, held an death resulted from: Natural causes Accident Suicide XX, Hamicide Undetermined manner TITLE (SPECIFY)  EXAMINER'S NAME (TYPE OR PRINT)  123a. BURIAL, CREMATION, REMOVAL 123b. DATE 1987  123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION 123d	FICATIO	190.	DATE OF OPERA	TION	196 CONDIT	ION FOR WH	ICH OPERATIO	N WAS PERFO	DRMED?					
AT WORK XX hospital, PsychWard St. Joseph Hospital, Towson, BaltoCo.  220   Certify that I taak charge of the remains described above, held an Autapsy XX, Inspection I, Inquiry I, and in my opinion death resulted fram: Natural causes Accident I, Suicide XX, Hamicide I, Undetermined manner I,  TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME			DERLYING DO	R	HOUR A.M.	MONTH D	AY YEAR					EM 18 PART 1 OR PAI		X NO[
AT WORK AT WORK XX hospital, PsychWard St. Joseph Hospital, Towson, BaltoCo.  22a   Certify that I taak charge of the remains described above, held an Autapsy XX, Inspection I, Inquiry II, and in my apinian death resulted from:  Natural causes Accident II, Suicide XX, Hamicide III, Undetermined manner IIII (SPECIFY)  ACTUAL SIGNATURE SIGNED 12/1  EXAMINER'S NAME  EXAMINER'S NAM	WEDICA	21d.	INJURY OCCURR	ED	21e PLACE O	F INJURY (	8 19 8 1 ·	f. LOCATION	anging			COI	UNTY	STAT
death resulted from: Natural causes Accident , Suicide XX, Hamicide , Undetermined manner ,  TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER SIGNED 12/  EXAMINER'S NAME (TYPE OR PRINT) Hormez R. Guard M.D. ADDRESS 111 Penn Street Balto MD 212/  230. BURIAL, CREMATION, REMOVAL 233. DATE SIGNED 12/  1336. TO SECTE A 1 DEC. 9 1987		AT	TOWN AT WE	) NA //			The state of the s							.,MD
EXAMINER'S NAME (TYPE OR PRINT) Hormez R. Guard M.D. Address 111 Penn Street Balto MD 212)  236. BURIAL, CREMATION, REMOVAL 235. DATE (SPECIFRUM 12) DATE (SPECIFRUM 1												and in my ap	omian	
EXAMINER'S NAME (ITYPE OR PRINT) Hormez R. Guard, M.D. ADDRESS. 111 Penn Street, Balto, MD 212  236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFICATION) (SPE				0	Hely	40	-			t MEDICA	LEXAMINER	DATE SIGNE	D 12	/6/81
236. BURIAL, CREMATION, REMOVAL 236. DATE 136. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	-				lormez R	Guard	_M_D_							201
THE TOTAL PAIN PAIN PAIN THE PAIN PAIN THE PAIN PAIN PAIN PAIN PAIN PAIN PAIN PAIN	23a.	BURIA (SPECIF	L,CREMATION,REBUTIAL	MOVAL 23h	DATE	23c. NAA	AE OF CEMETE	RY OR CREMA	TORY	23d. LOCA	TION	cour	NTY	STATE
14. FUNERAL DIRECTOR  NAME  Leonard J. Ruck, Inc. Baltimore, Maryland  15. CAMPREED. BY REGISTRAR AND REGISTRARY SIGNATURE  ADDRESS  Leonard J. Ruck, Inc. Baltimore, Maryland	24.				ADDRESS			1000		REPO. BY RE	GISTRAR 150			6



50 11	1 -	FOR		D		TE OF MARYLAND HEALTH AND MENT	AL HYCIENE		702 1	1 12 1
df.	11-	STATE				ER'S CERTIFICA		8	3 1	104
		REGISTRAR CEASED NAME	FIRST		WIDDLE	LAST		REG. N		DAY YEAR 26 HOUR
	(TYP	OR PRINT)	Paul		A.	Twam lev		OF ESTI- DEATH MATED	□ 12	2119 81 M
	3. SEX	4. F	RACE	5. DATE OF BIRTH		ARS IF UNDER 1 YR. IF U		DATE	MONTH	DAY YEAR 2d. HOUR
	Ма		White	1- 3-/	1903 18 Y	AY) MONTHS DAYS HOL	URS MIN P	RONOUNCED DEAD	12	21 19 81 11 A
SAN SERVICE STATES OF THE SERVICE STATES OF	7a. BI	RTHPLACE (STATE	OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED NEVER	MARRIED 0	BALTIMORE CITY	OR COUNTY	OF DEATH
SE S		MD	•	U.S	·A.		IVORCED	Baltimor		
N SPIEED		Y OR TOWN OF		(IF NOT IN SUCH FACI	LITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION		OST OF WORKING LIFE)		OR INDUSTRY
DELA DE PERE		atonsvil			RESIDENCE BEFORE ADMISS		ne KE	TIRED		SASTELEC.
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE REPAICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE RED AS A BURIAL-TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED. HEATH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 AL, CREMATION, OR REMOVAL.	13a. S		13b COUNT	ALTO.	131. OTY ORIGINAL	13d. INSIDE CITY LIN	MITS? 13e. STREE	ADDRESS SV	MING	TEN HUE.
MD. MD. M. 3. M. 3. SP. TAL	14. FA	THER'S NAME		MIDDLE -T	LAST /	15. MOTHER'S	MAIDEN NAME	MIDDLE	11	JAST
BALTIMORE, S AFTER DEAT GIVE PAGES ITH FORM PI PAGES I ANI INSION OF V	14- 1	AS DECEASED EV	IAM	//	166 SOCIAL SECURIT	Y NO. 17. INFORMAN	LIE	ADDRES	KNOW	el CES
FTER FOR FOR Ses 1	(Y	S, NO, OR UNKNOWN	) (IF YES, GIVE W		717	TARLA	FT	ADDRES	CA	NE
RS A SINTH	H	700	FATH (Foter only	y one couse per line fo	1/2-05-1	171JANE	= 1 - /4	AMCEY	2/11	APPROXIMATE INTERVAL
PRESTON ST., ITHIN 24 HOUJ CIL IN ITEM 18, VER ALONG V WER ALONG V ALMST PERMIT AL HYGIENE, I REMOVAL.		PART I DEATI	H WAS CAUSED	DV		umatic injuri	ies			BETWEEN ONSET AND DEATH
AZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	1	8157	MMEDIATI	CHOOL (0)	S A CONSEQUENCE					
W. PRES: WITHIN AINER A AINER A TRANSIT	1		if ony, which to immediate	(b)						
201 W. UTED W. IN PEN. EXAMILIAL-TR O MENT		couse (a) sto lying couse I	oting the <u>under-</u> lost.	DUE TO, OR A	S A CONSEQUENCE	OF				
RDS, 2011 EXECUTED NG IN PR ICAL EXAL 1 AND MEI WATION, C				(c)						
F VITAL RECORDS, TE SHOULD BE EXEC WORD "PENDING". TE CHIFF MEDICAL O BE USED AS A BUF STAT OF HEALTH AND D BURIAL, CREMATIN	Z	PAKI Z UTNEK SIGNIE	ILANI CONDITIONS C	ON I KIBUTING TO BEATH BU	IT NOT RELATED TO THE TERM	IINAL DISEASE OR CONDITION GIVE	N IN PART 1 (d).			
JUD B JUD B	CERTIFICATION	19a. DATE OF OP	PERATION	19b. CONDITIO	ON FOR WHICH OPE	ATION WAS PERFORMED	)?			20 AUTOPSY?
SHOULD ORD "PE CHIEF A LE USED / T OF HE/ URIAL, CHIAL, CHIEAL, CHIEAL	Ĭ			8.50						YES NO
ATE WEN THE THE TOP TO BE	N. N.	21a. EXTERNAL C		11b. TIME OF I	NJURY MONTH DAY YEA	21c. HOW INJURY OCC	CURRED LENTER NA	TURE OF INJURY IN ITEM	8 PART 1 OR PART	2)
IVISION OF CERTIFICATE TIING THE W DED TO THE 23 SHOULD P PEPARTIMEN 1 PRIOR TO E	MEDICAL	CONTRIBUTING	CAUSE OF D	EATH 10: 41.XX	12 21 <sub>19</sub> (		in auto/	fixed obj		
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " ROED TO THE CHIEF RES SHOULD BE USE RES SHOULD BE USE FOR PRIOR TO BURIAL OF PRIOR TO BURIAL	WED	WHILE N	OT WHILE	STREET, FACTO	RY, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN		Balto.Co, Md.
DIN  EXAMINER: THIS C CERTIFICATE, WRIT OULD BE FORWARD I DIRECTOR: PAGE I, WITH THE STATE I, WITH THE STATE II WITH THE		AT WORK A	T WORK	STr	eet	Edmondson /	Ave. nr.	Harlem L	n.,Cato	onsville,
AND ARE			/	of the remains descr	177		pection .		ond in <mark>my op</mark> in	nion
AAMI RECTIFIED BE		death resulted f	rom Neguro	ol couses	Accedent . Si	icide , Homicide		mined monner	),	
WAY WAY		ACTUAL SIGNATURE	My	war!	mixa	M.D.Deputy		AL EY AMINED	DATE SIGNED	12/21/81
NER SH	-	Live Charles	7							
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTEN DEATH, WITH THE STATE DEPARTMENT OF HE BATTMORE, MARYLAND, 21201 PRIOR TO BURIAL,	10	(TYPE OR PRINT)	1110	mas D. Smi		ADDRESS	III Penn		Ito., N	MD.
5 A P A P A B A B A B A B A B A B A B A B	230 B	JRIAL, CREMATIO	N, REMOVAL 23	19-7 1-8	23c. NAME OF CE	METERY OR CREMATORY	23d. LOC	ATION	COUNT	אלאני י
BP	24 F	JNERAL DIRECTO	OR	1-101	NEW	25a.		REGISTRAR 256 RES	SISTRAR 6 S	MANUFACTURE (D.
DHMH - 17 (VR A15 ME (5) )	F	TRLE!	ff.	10 CO 1 TRE	DERICK	AVE.		ו שבנו מ	man C	
15M 2/80	-			12.00		, , , , ,				



1		SIAIE	OF MARYLAND		. v
1.	FOR STATE		ALTH AND MENTAL HYGIE		1 0.5
	REGISTRAR		R'S CERTIFICATE OF DE	ATH REG. NO.	
	PECEASED NAME PIPE OR PRINT)  FIRST	MIDDLE	LAST	20. DATE KNOWN A	ONTH DAY YEAR 26. HOUR
	Isab	the Wagner Unger	n	DEATH MATED	12 2 1981 1/ EM
3. SI	EX 4. RACE	S. DATE OF BIRTH S. AGE IN YEARS HONTH DAY YEAR LAST BIRTHDAY	IF UNDER 1 YR. IF UNDER 24 HRS.	AL DAIL	ONTH DAY YEAR 2d. HOUR
1	Female White	11 18 11 70 YRS.	MONTHS DAYS HOURS MIN.	PRONOUNCED DEAD	1013 108/ 1044
70.	BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	MARRIED CINEVER WARRIED CI	9. BALTIMORE CITY OR C	OUNTY OF DEATH
	FOREIGN COUNTRY)		MARRIED W NEVER MARRIED DIVORCED DI	Balto. Count	-V
A	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, O	R OTHER INSTITUTION 120, US	SUAL OCCUPATION (TYPE OF V	A PALD
E.	wings Mills 25	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	HON	R MOST OF WORKING LIFE)	OR INDUSTRY
		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS	пос	ISEWILE	
	STATE 13b. COUN	IJ 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e STI	REET ADDRESS	
	Md.	3A/to Owings Mill		Lowergate Cou	ırt
	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	WIDDLE	LAST
		alter Wagner		sabelle Kalmey	7
160.	WAS DECEASED EVER IN U.S. AR	WAR OR DATES)		ADDRESS 25 Lower	gate Court
	No	237-34-6473	Reginald Unge	ern Öwings M	gate Court MIIs, Md. 21117
	18. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c).)		\	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSE	TE CAUSE (a)	S Cardioveriala UN	2000)	TO YOUR
	4299	DUE TO, OR AS A CONSEQUENCE OF			1013
	Conditions, if only, which gave rise to immediate	(b)			
	couse (o) stoting the under-				
	lying couse last.	61			
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION CIVEN IN BART 1 (-)		
Z		The second secon	DISEASE OR CONDITION OFFER IN PART ( (0).		
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED?		20. AUTOPSY?
일					- >-
1 5	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21. HOW INDUSTRICE		YES LI NOVI
		HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED (ENTER	CHATORE OF INJURY IN HEM 18 PART 1	TOK PART 2)
MEDICAL	CONTRIBUTING CAUSE OF I		III LOCATION		
MEC	WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	TIT. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK				
	22a. I certify that I taak chard	e of the remains described above, held an	Autopsy , Inspection ,	Inquiry , ond in	my opinion
		rol couses , Accident , Suicid		etermined monner ,	,
	00	Accident L., Soicia		semmed monner/	
	ACTUAL ACTUAL	Dollar 1	TITLE (SPECIFY)		DATE DISICI
7	SIGNATURE	1 11	M.D. MED	DICAL EXAMINER S	SIGNED THE TOTAL
1	EXAMINER'S NAME	Luz Rochen Nih	ADDRESS 7039 Lil	LXON PAR	kind ann
22	(TYPE OR PRINT)		ADDRESS	recitive more	111 (170)
230.	BURIAL, CREMATION, REMOVAL (SPECIFY)		ERY OR CREMATORY 23d. Lo	OCATION YOR TOWN	COUNTY STATE
24	Removal	12/3/81	10/ 0.75	v and in a late and an area	- P/C 510111-111-2
	Removal   FUNERAL DIRECTOR NAME Anatomy Board	12/3/81  ADDRESS Balto., Md.	250. DATE REC'D. B		AR'S SIGNATURE

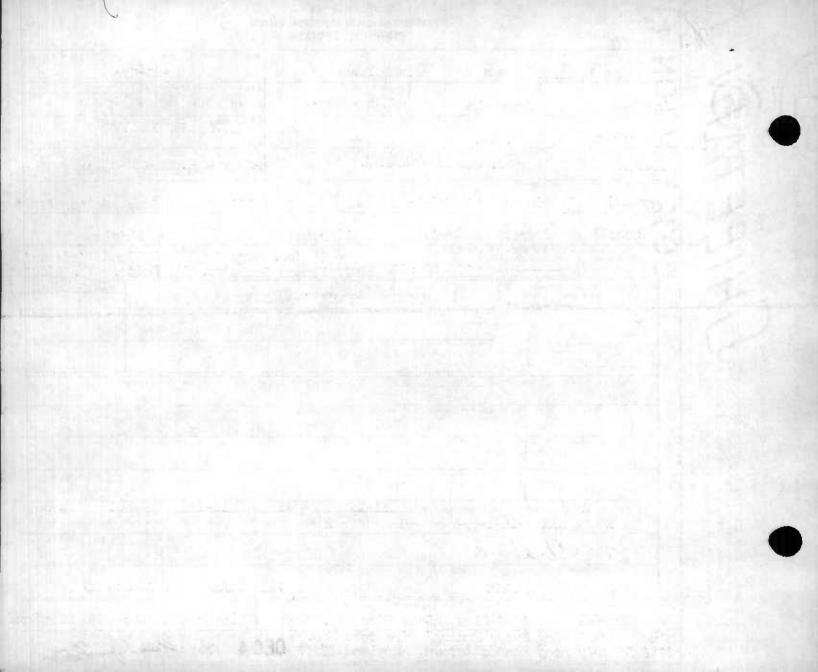


8728 Liberty Road Raandallstown, Maryland 21138

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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23a. BURIAL, CREMATION, REMOVAL

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FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.		
	December 4, 19	81	2:10 a
	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
]	Baltimore Count		MD
	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR
7	13e. STREET ADDRESS 2244 VAN	DERMAS	ST LA
3	********	RRIAS	ī
1	ANDERMAST		BOVE
		SETWEEN C	MATE INTERVAL DUSET AND DEATH
de	ent		
ı.	lar Disease		
M	nal disease or condition G	IVEN IN PART 110	,
	IN CERT	ES, WERE FINDIN IFYING CAUSES ES	
RR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
	CITY OR TOWN	COUNTY	STATE

REGISTRAR LAST L DECEASED NAME TYPE OR PRINTS Kathryn **VANDERMAST** 3 SEX 4 RACE 5 DATE OF BIRTH M. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? ( STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 136 COUNTY 4 FATHER'S NAME 15. MOTHER'S MAIDEN N 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO HEYES, GIVE WAR OR DATES) EDN 0 770 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-Respiratory Arrest IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Right Cerebrovascular Accid gove rise to immediate couse (o), stoting the OUE TO, OR AS A CONSEQUENCE OF Atherosclerotic Cardiovascu underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 19.81 22a.1 certify that & (this hospital) attended the deceased from \_, that \$ (we) lost sow the deceased alive on 10 A above, (we) (did) (black) view the body after death , and that in bod (our) apinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 224. DATE SIGNED ATTENDING MEDICAL STAFF 12-4-81 PHYSICIAN T DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 9000 Franklin Square Drive 21237 Kenneth Rothbaum M.D.

23c. NAME OF CEMETERY OR CREMATORY

BP DHMH - 16 50M 1/B1 (VRA 15, 4)

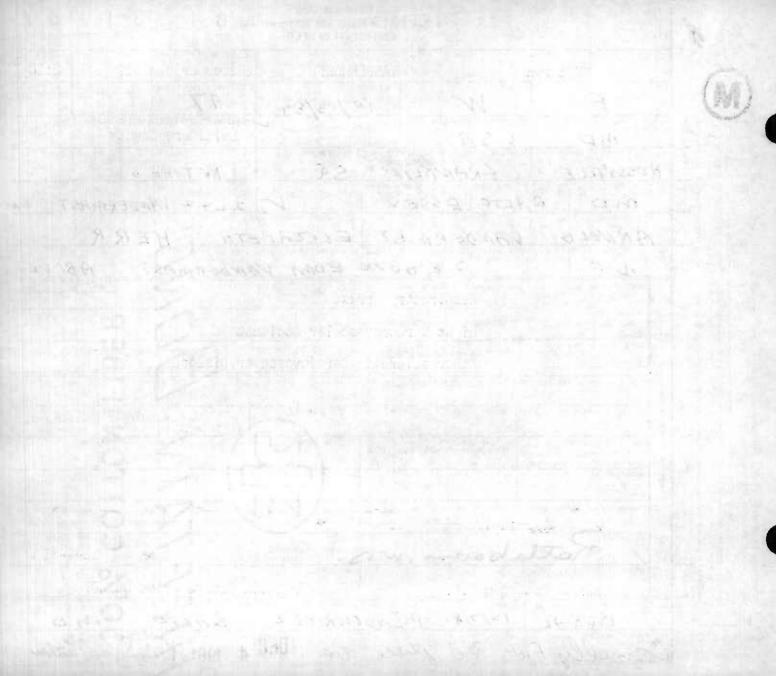
FUNERAL DIRECTOR:

ould be detached th the State Dept.

24 FUNERAL DIRECTOR

23b. DATE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STONAT



- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI

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R	EGISTRAR				CERTI	ICATE OF DEATH	REG. N	0		
	ASED NAME	FIRST	,	AIDDLE		LAST	20 DATE OF DEATH		AY YEAR	2b HOUR
{TYPE OR	PRINT)	Alice		Α.	1	Venables	Dec. 31	, 1981		6:00A N
3 SEX			4. RACE		5. DATE O		6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	
Fer	male		White		Aug	g. 28, 1893	88	YRS	ONTHS DAYS	HOURS MIN.
7a. BIRTH	HPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	gland			S.A.,1942	WIDOWI	DIVORCED [	Baltimor	e Coun	ty	WD
10. CITY	OR TOWN OF	DEATH		HOSPITAL, NURSING H FACILITY, GIVE STREET A		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b KIND (	OF BUSINESS OR
Tows	son			848 Bosle	y Ave	enue	Housewi	fe	own	home
13a STA	RESIDENCE (IF	136 COUN		13c. CITY OR TOWN	1	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			1 4
	yland	Balt	imore	Tows	on	YES NO	848 Bosl	ey Ave	nue	
14 FATH	ER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA				
R	obert		MIDDLE	Duxbury		Mary	MIDDLE	ane	Loma	
		VER IN U.S. AR	MED FORCES?	16b SOCIAL SECUR		17 INFORMANT	ADDR		20110	
,	no or unknown	(IF YES, GIV	E WAR OR DATES)			John Venable	SIIS Ban	1 are Are.	00110	
						Toomi venaore	5, 040 008.	rea wa		FIRM ATE INITERIZATI
18	PART I. DEAT	H WAS CAUSE	D BY	line far (a), (b), and						ONSET AND DEATH
	1110	IMMEDIAT	E CAUSE (a)	Ventricu	lar a	asystole			inst	ant_
	710		DUE TO, OF	R AS A CONSEQUEN						
	anditions, if		(b)	Myocardi	al II	nfarction			11	
(	ause (a), si	tating the	DUE TO, OF	AS A CONSEQUEN	NCE OF					
_	naerlying (c	JUSE 1031.	(c)	Arterios	cler	otic cardiovas	scular dise	ase _	year	S
7 PA	ART 2 OTHER S	SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
9				10310				Sec.		
CERTIFICATION 1061	DATE OF OPE	ERATION	196 CONDI	TION FOR WHICH C	OPERATIO .	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
RTIF							YES NO	YES		NO 🗌
	O. ACCIDENT WAS		21b. TIME OF	FINJURY M. MONTH DAY	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
- 100		CAUSE OF DEA	1111		19					
210	d. INJURY OCC	URRED	21e PLACE (			211. LOCATION	CITY OF TO	AA/b4	COUNTY	STATE
	WORK NO	WHILE WORK	(AT HOME STR	EET, FACTORY, OFFICE, FAI	RM ETC)	SIKEET	CITY OR TO	WAN	COUNTY	STATE
220	o. I certify tho	t (I) (this hospi	tal) attended the	deceased fram	9/26	19 78	10 12/31	1	, 81	that (I) (De last
	sow the dec	eased alive an	12/22		81 , 0	nd that in (my) (our) opinion (	death occurred on the d	ote and hour	and from the	causes stated
22	B. SIGNATURE		tiew the body	/ degin.		DEGREE	II Challe		22c. DATE	SIGNED
		Smel	NIL	meanle		ATTENDING PHYSICIAN TO	MEDICAL STA			
		1	1	Cit of Contract	An	THISICIAN R	Manuellow   Luisid	1014		

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

MPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

Cremation

230 BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

12/31/81

23¢ NAME OF CEMETERY OR CREMATORY Westview Cramatory

22e ADDRESS

23d LOCATION

26 W. Penna Avenue, Towson, Md. 21204

Catonsville, Balto, Md.

Ambrose Funeral Home, 1328 Sulphur Spring, Rd.

Donald L. Somerville, M.D.

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	Street Land	HOT SET		
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		REGISTRAR  EASED NAME FIRST  DR PRINT)		MIDDLE	LAST		REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26	ь но
deo de o		KENNETH	WE E	5	VEN	LEY	12/18/81	4	6:
and the second s	SEX	Male	4 RACE	ack	5. DATE OF BIR	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		FUNDI
	Má	THPLACE (STATE OR FOREIGN		S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore City or Col		
355	Ra	y or town of death ndallstown	Baltin	HOSPITAL, NURSIN	y Genera		120 USUAL OCCUPATION	1926. KIND OF B	
26. 25.		RESIDENCE (IF NURSING HOME OF ATE 136 COULT Balt	ROTHER INSTITUTION NTY imore	n give residence before 13c. CITY OR TOWN Randalls	100	NSIDE CITY LIMITS?	13e STREET ADDRESS 9902: Cervidae	Lane, Apt.	. 2
Ē	-	HER'S NAME FIRST	WIDDLE	Veney		Claine RAIDEN N		Smith	
ledicol 160		AS DECEASED EVER IN U.S. AR S. NO OR UNKNOWN) (IF YES, GI	MED FORCES?	212-112-77		rothy M.	Veney, 9902 Cer	vidae Lane,	,
D 40					ENCEOF			,	
been signed by the ottending physicinit. Then please remove corbon popel prior to buriol, cremation, or removal. only injury, or other troumotic event, the CATION		0 1	DUE TO, C (c) CONDITIONS C Mystim	OR AS A CONSEQUE	ENCE OF  DEATH BUT NOT  CLO CIT	RELATED TO THE TER	MINAL DISEASE OR CONDITION  WILL ALL STATES OF CONDITION  WILL ALL STATES OF CONDITION  WILL STA	IF YES, WERE FINDINGS	S USE
Hygiene prior to buriol, cremotion, or 18 shows ony injury, or other troumoti	CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT:  Pulmenay C 90. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE	DUE TO, C  (c)  CONDITIONS C  196 COND  216. TIME C  HOUR A	Adenoca DR AS A CONSEQUE CONTRIBUTING TO D T - Ldowa, DITION FOR WHICH OF OF INJURY A.M. MONTH DA	DEATH BUT NOT OPERATION WA	RELATED TO THE TER	MINAL DISEASE OR CONDITION  SEL FRUIT  1200 AUTOPSY? 1206. 1	N GIVEN IN PART 1101	S USE
Duriotronsis permit. The please remove cor I Mentol Hygiene prior to buriol, cremotion, or then 18 shows ony injury, or other troumoni	LEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost part 2. OTHER SIGNIFICANT Pulmenary Co. DATE OF OPERATION	DUE TO, CONDITIONS CON	Adenoca DR AS A CONSEQUE CONTRIBUTING TO D T - Ldewa, DITION FOR WHICH OF	DEATH BUT NOT  CISCH OPERATION WA  AY YEAR  19  216	RELATED TO THE TER	MINAL DISEASE OR CONDITION  TO J PLUS  200 AUTOPSY?  YES X NO	N GIVEN IN PART 1101	S USE F DEA NO [
of for use os the buriol-tronsit permit. Then please remove control of the self when the self self self self self self self sel	MEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT PURPORE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING ALLOW COUNTRIBUTING ALLOW COUNTRIBUTION OF COUNT	DUE TO, C  (c)  CONDITIONS C  196 CONE  216. TIME C HOUR A  THOUR A  216. PLACE (AT HOME. S	Adenoca  DR AS A CONSEQUE  CONTRIBUTING TO D  T - Ldewa,  DITION FOR WHICH OF  OF INJURY  A.M. MONTH DA  P.M.  OF INJURY  TREET, FACTORY, OFFICE, FA  The deceosed from  19	DEATH BUT NOT  CISCH OPERATION WA  AY YEAR  19  ARM, ETC.)  216  227  217  217  217  217  217  217	RELATED TO THE TER  PERFORMED  HOW INJURY OCCU  LOCATION STREET  1 in (my) (our) opinio	MINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO NO NOTE:  RRED (ENTER NATURE OF INJURY IN ITE.	IF YES, WERE FINDINGS ERTIFYING CAUSES OF YES OF THE TOTAL T	S USE F DEA NO [
KAL DIRCUDA: After this certificate has been signed by the offending detacled for use of the buriol-transit permit. Then please remove consisted Dept. of Health and Mental Hygiene prior to buriol, cremofilon, or IT. If Hem 21 is morked or item 18 shows ony injury, or other troumoning MEDICAL CERTIFICATION	MEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT:  PULMERAY  P9. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE CIFETHER NOTIFY MEDICAL EXAMINE (1), WORK NORK  WHILE NOTIFY MEDICAL EXAMINE AT WORK  120.1 certify that (I) (this hosp saw the deceased alive on	DUE TO, C  (c)  CONDITIONS C  MESSION  21b. TIME C  HOUR A  HOUR A  21e. PLACE (AT HOME. S  itol) ottended t  12/18  itol) view the bod  Character  Charac	Adenoca  DR AS A CONSEQUE  CONTRIBUTING TO D  T - Ldewa,  DITION FOR WHICH OF  OF INJURY  A.M. MONTH DA  P.M.  OF INJURY  TREET, FACTORY, OFFICE, FA  The deceosed from  19	DEATH BUT NOT  COCH  OPERATION WA  AY YEAR  19  ARM, ETC.)  DEGR	RELATED TO THE TER  PERFORMED  HOW INJURY OCCU  LOCATION  STREET  1 in (my) (our) opinion  EE  PLATED HODING  ATTENDING	MINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY IN ITEL  CITY OR TOWN	IF YES, WERE FINDINGS ERTIFYING CAUSES OF YES OF MIS PART 1 OR PART 2)  COUNTY  19 1 though the county of the coun	S USE F DEA NO [
O FUNERAL DIRECTOR. After this certificate has been signed by the ottendi hould be detached for use as the buriol-transit permit. Then please remove con with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, an wPORTANT: if Hem 21 is marked or Item 18 shows any injury, or other traumoti	MEDICAL CERTIFICATION	gove rise to immediate couse (o). Stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT.  PURCHARAGE 99. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO F DE CIFE ETHER NOTHER MEDICAL EXAMINE (11 MORK AT WORK AT WORK AT WORK AT WORK (1) (this hosp sow the deceosed alive on above, (1) (we) (did) (did not 272b. SIGNATURE	DUE TO, (c)	Adenoca  DR AS A CONSEQUEI  CONTRIBUTING TO D  The Ldoma,  DITION FOR WHICH (  OF INJURY  A.M. MONTH DA  OF INJURY  TREET, FACTORY, OFFICE, FA  The deceosed from  Th	DEATH BUT NOT  OPERATION WA  AY YEAR  19  216  ARM, ETC.)  DEGR	RELATED TO THE TER  PERFORMED  HOW INJURY OCCU  LOCATION STREET  TO MANY (OUT) OPINION ATTENDING PHYSICIAN  ADDRESS	MINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NO   INC  YES NO   INC  CITY OR TOWN  TO   2/18/  In death accurred on the date and  MEDICAL   STAFF  DIRECTOR   PHYSICIAN    COUNTY GROUND	IF YES, WERE FINDINGS ERTIFYING CAUSES OF YES OF MIS PART 1 OR PART 2)  COUNTY  19 1 though the county of the coun	S USE F DEA NO [

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE &	REG. NO.	5 1 1	1 1
i		CEASED NAME	FIRST		MIDDLE	211	LAST	20. DATE OF D	EATH MONTH	DAY YEAR	2h HOUR
	Jine		ary			Ve	etri		Decemb	er 2,198	13A M
ă	3. SE	X	4	I. RACE	3 Ha   32 H	5. DATE O		6. AGE IN YEAR		IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Whit	е	Augu	ust 21, 1899	82	YRS	MONTHS DAYS	HOURS MIN
1		IRTHPLACE (STATE OR FO	OREIGN 7	U. S.	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED		imore Co		MD
C		TY OR TOWN OF DEA' Baltimore	тн 1	1. NAME OF I		IG HOME (	OR OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING	126, KIND O	F BUSINESS OR
1	13a S		NG HOME OR C 13b COUNT Balti	Υ	GIVE RESIDENCE BEFORE 13t. CITY OR TOW  Carney		134 INSIDE CITY LIMITS?	13e. STREET AD	1.0 10 1	÷.	
	14 FA	ATHER'S NAME FIRST Marion	M	IDDLE	Vetri		15. MOTHER'S MAIDEN NAME Phyllis		MIDDLE	Tagia	lvia
		VAS DECEASED EVER I			16h SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
	0	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-03-92	227	John J. Picc	ione 96	545 Dixor	Ave	
		Conditions, if any, gove rise to imm cause (a), stating underlying cause	ediote g the lost	DUE TO, OI	R AS A CONSEQUE	the per	ArrlyThm	ia	The Heart &	10 98	ears
	NO.	Caron		RINA	RY Tra	it	sufection	MINAL DISEASE C	ok compilion of	IVEN IN PART ITO	
1	CERTIFICATION	19a DATE OF OPERATI	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERT	ES, WERE FINDIN IFYING CAUSES ( 'ES	GS USED OF DEATH?
)		210 ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEAT	HOUR A	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	RED (ENTER NATUR	RE OF INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRE	IE 🗍	21e. PLACE ( (AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET	(	CITY OR TOWN	COUNTY	STATE
		sow the deceased above, (I) (wall)	d alive and		Where 14		, 19, 19	death occurred o	on the date and ha		
		22d RHASICIAN'S NA	1- hy	nef	old m.	J.	ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN [	12/2	18/
		John H.		360	M D			or Cour	+ 7n+	204 Diko	cvillo
	22- 2					10005	4 Candlemak			204,PIKE	sville,
		BURIAL, CREMATION, R	CEMOVAL	Dec 7		AME OF C	EMETERY OR CREMATORY	23d LOCATIO	TOWN	COUNTY	state

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

24. FUNERAL DIRECTOR

Leonard J. Ruck, Inc. 5305 Harford Rd.

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the burial-transit and Mental Hygie this certificate

FUNERAL DIRECTOR:

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FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8   REG. NO.	3 1 1	1 2
ECEASED NAME FIRST	RGARET	VIEWEG	20. DATE OF DEATH MONTH	14 81	8: 00PM
x Female	4 RACE White	5. DATE OF BIRTH  9 MONTH 10 96 EAR	6 AGE (IN YEARS LAST BIRTHDAY) 85	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALT IMORE C		MD.
WSON		ACCHARLES ST.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker		F BUSINESS OR
AL RESIDENCE (IF NUR CONSTAIR)  LTYLAND	E OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13c. CITY OR TOW Baltime	/N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 2103 W. Booth	Street	21223

Ma 14 FATHER'S NAME MIODLE MIDOLE Schmidt Rittmeier Kunigunda John 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2506 Hamilton Avenue 21214 NO 212-22-3171 Joseph Brandt APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause pe PROBABLE PNE UMO NIA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a EAILURE AND POSSIBLE Canditions, if ony, which gave rise to immediate other couse (a), stating THE DECOMPENSATION PAST YEAR underlying cause TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO M 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED morked or 21e. PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE <del>12 /04</del> 220.1 certify that (1) (this haspital) attanged to saw the deceased a (My) (aur) apinion deoth accurred on the dote and hour ond from the couses stated not) view the body ofter death DEGREE 22t. DATE SIGNED ATTENDING MEDICAL IMPORTANT: DIRECTOR PHYSICIAN 22e ADDRESS

BP. 24. FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Hubbard Funeral Nome, Inc. 4107 Wilkens Ave.

230. BURIAL, CREMATION, REMOVAL 23b DATE 12/18/81 Burial

23c NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk.

Elkridge

Md.

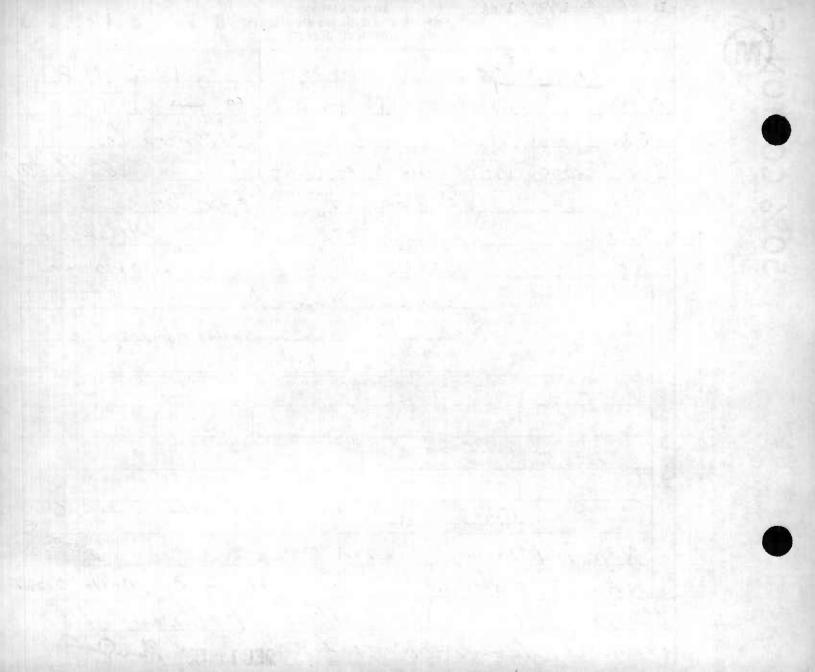
Balto Md. 21229

BY REGISTRARI256. REGISTRAPE SIGNATUR

Howard Co.

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Hamilton Arenue 2121			C
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ric e Howard Co. (fi.	id e Mem 1 &£0 s lys.	12 13 31 es lowr Balto., 6. 21 Joe, I c. 417 Willer	B al

1 -	III	em 6 g562 12/22/81 gj STATE OF MARYLAND
XX	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF STATE  CERTIFICATE OF DEATH  OFFICIAL OF DEATH
(IVI)		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
		Wagner L Myles 12 3 81 1965,
ctor, p	3. SE	Malo Month DAY YEAR 60 - MONTHS DATS HOURS
h. Pog 2 hour	7a 8	IRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
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s ofte by the filed w	10	NOT IN SUCH FACILITY, GIVE STREET ADDRESS) COSSUITE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
24 hoursted in uld be	Line.	AL RESIDENCE WHILL HE STEED THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  134. INSIDE CITY LIMITS?  136. STREET ADDRESS  137. TYPE TO WALL  137. TYPE TO WALL  138. STREET ADDRESS  139. STREET ADDRESS  149. STREET ADDRESS  159. STREET A
within 2	IA F	ATHER'S NAME  IS MOTHER'S MADEN MAME
P		Max Wagner Cleaneth U Lovern
Poges Company		MAS DECEASED EVER IN U.S. ARMED FORCES? VES NO DRUNKNOWN)  (IF YES GIVE WAR OR DATES)  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS
ficate b hysician popers. loval.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
ertific g ph son per remo		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arres
oth c endir e cark m, ar		4100 DUE TO, OR AS A CONSEQUENCE OF
e off movino frau	100	Conditions, if ony, which gave rise to immediate (b) Irola ble Heule injurarchal infarction
by the ssere of the contract o		cause (a), stating the underlying cause last
ned niples		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
requi	ON	
M DE LO	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
sicion.	RT	YES NO YES NO T
Z Z S S S T S C T S C T		216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH  216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
Certification plum plum plum plum plum plum plum plum	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
I 2 2 - 0	MEC	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN COUNTY ST
DING P or after th After th se as the colth and marked		2/10 01 12/2 21 0
Z = & SI		saw the deserved glive on 12/2
4 % 0 = : -		above, (1) (we) (did) (did not) view the body after death.  22b. SIGNATURE  DEGREE  22t. DATE SIGNED
		Naji V. Harom Medical Staff Physician Director Physician
HOSPITAL ned by th FUNERAL JID be dero		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
1 2 2 2 4		NAVI V. HAROUN 9101 Franklin Sq. Dr., Balto. 200
To she will will will will will will will wil	73a.	SUMAL CREMATION REMOVAL 236 DATE 231 NAME OF COMETERY OF CREMATORY 236 LICATION
0 /BP	X	sured 12.7.81 Moreland Mon Bellinion Ma.
DHMH - 16 50M 1/81	TY	ADDRESS A 250 DATE REC'D. BY REGISTRAR 350 REGISTRAR'S ACNATURS -
(VRA 15, 4)	17	Filmal Halfmann 3218 Quasant - DEC 1 0 1981 June 9



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hoursely with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYLA
OR	DED A DEMENT OF HEALTH AND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEI
CERTIFICATE OF DEATH

NE	8	1	3	1	ł	1	6
		REG. NO.					

I DE	CEASED NAME	FIRST	MIDDLE	1/	AST	REG. I	MONTH F	DAY YEAR	26 HOUR
	E OR PRINT)							DA. ,CAR	
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1 SE	X	4 RACE		5. DATE O		6. AGE IN YEARS LAST B		MONTHS DAYS	HOURS A
	MALE	WHIT	E	APR		73	YRS.		
	IRTHPLACE (STATE OR FORE	EIGN 76 CITIZEN O	F WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	IARYLAND	п	C A	WIDOWE		BALTIMORE	COTTNITY		
	ITY OR TOWN OF DEATH			G HOME O	ROTHER INSTITUTION	12a USUAL OCCUPA	TION	126. KIND (	OF BUSINESS
_			UCH FACILITY, GIVE STREET			RET. NAV		E) INDUSTRY	
	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	ICAL CENTER	E ADMISSIONIL		TEI. MAY	1		
		b. COUNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	RYLAND		BALTIMOF	RE	YES NO X	109 McCORM	IICK AV	ENUE	
14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LA	ST
	WILLIAM	В.	WAITZ		ELIZABE			HAGER	
	WAS DECEASED EVER IN		166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDI	RESS		
		WWII	216 30	5630	CLINICAL RECO	DRDS VAMC	FORT	HOWARD	. MTD
	18 CAUSE OF DEATH				ODINIOAD ILEOC	JILDO, 12110,	1 OIL1		CIMATE INTERVAL
		DUE TO, (b) the lost.   DUE TO, (c)	OR AS A CONSEQUE	ENCE OF					
ATION	Conditions, if any, we gave rise to immed cause (a), stating underlying cause	DUE TO, (hich fiote the lost. (c)	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR COI	20ы. IF YES	, WERE FIND!	NGS USED
TIFICATION	Conditions, if any, we gave rise to immedicate (a), stating underlying cause	DUE TO, (hich fiote the lost. (c)	OR AS A CONSEQUE	ENCE OF	Tomb 1		20ы. IF YES	, WERE FIND! YING CAUSE!	NGS USED
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MEDICAL CERTIFICATION	Conditions, if ony, we gove rise to immed couse (a), stating underlying couse  PART 2 OTHER SIGNIFIED THE SIGNIFIE	DUE TO, (hich diote the lost.)  ICANT CONDITIONS (ICANT CONDITIONS	OR AS A CONSEQUE  CONTRIBUTING TO E  DITION FOR WHICH  OF INJURY  A.M. MONTH DA	DEATH BUT  OPERATION  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES IN CERTIF YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
	Conditions, if any, we gave rise to immed cause (a), stating underlying cause  PART 2 OTHER SIGNIFI  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER NOTHYMEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK  22a. I certify that (1) (the saw the deceased a obove, (l) (we) (did)	DUE TO, (hich fiote the lost. (c)	OR AS A CONSEQUE  CONTRIBUTING TO E  DITION FOR WHICH  OF INJURY A.M. MONTH DA  P.M.  E OF INJURY STREET, FACTORY, OFFICE, F	DEATH BUT OPERATION  AY YEAR 19 FARM, ETC.)	N WAS PERFORMED  21c HOW INJURY OCCUR!	200 AUTOPSY?  YES NOW  RED (ENTERNATURE OF IN.  CITY OR I	20b. IF YES IN CERTIFY YES TURY IN ITEM 18 PA	county	NGS USED S OF DEATH? NO  STAT
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DHMH - 16 50M 1/81 (VRA 15, 4)

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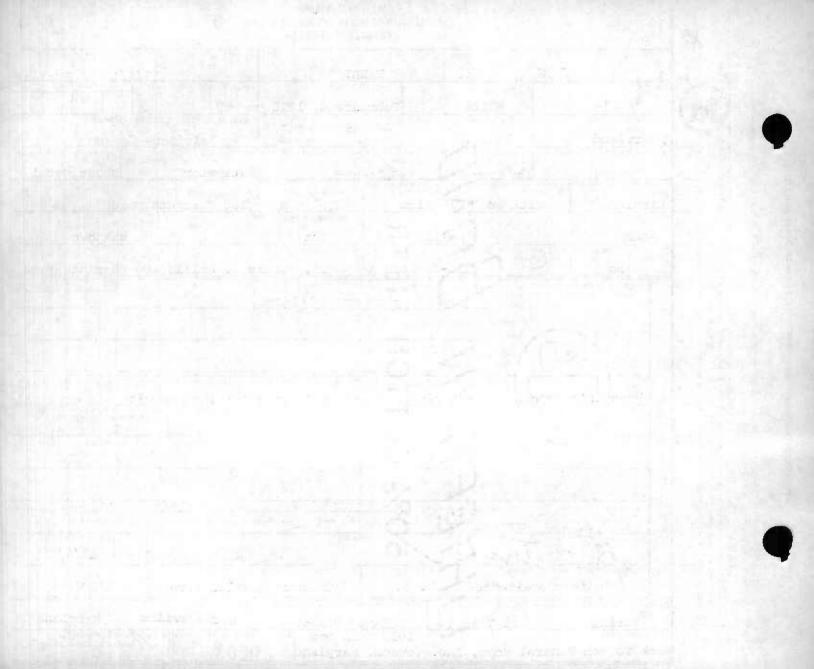
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CHANGE OF THE STATE OF THE STAT

- p	FOR 1 - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	3   1   5
(20)	1. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(M)		MILDRED C.	WALLACE	12	31 81 2 AM
	feamale	4. RACE Caucasian	5. DATE OF BIRTH 9-7-1911 DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  70 YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. S.
Barrens Agency 1972	ELDERSBURG,	PREPARED TO CITIZEN OF WHAT COUNTY U.S.A.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. BALTIMORE CITY OR COULD	
rs ofter d by the fu filed with	10 CITY OR TOWN OF D	STELLA MARIS	SING HOME OR OTHER INSTITUTION HELDORESSITE HOSPICE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	126. KIND OF BUSINESS OR
MARYLAND 2120' ed within 24 hours mpletely filled in by ond 2 should be fille	MHRYCHW	URSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BE 136 COUNTY 136. CITY OR TO BALTO	MORE YES NO [	13e. STREET ADDRESS	Street
	14 FATHER'S NAME THOMAS		ANNA	WIDDIE	MURPHY
TIMORI an and of S. Pages	(YES, NO OR MOOWN)	FR IN U.S. ARMED FORCES? 16b. SOCIAL SIGNATURE (16 YES, GIVE WAR OR DATES) 213–18		MAKIS Hospice	5 Pularing law no
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8AL.  NG PHYSICIAN: The law requires that the death certificate attending physician.  firer this certificate has been signed by the attending physicia as the burial-transit permit. Then please remove carbon paper th and Mental Hygiene prior to burial, cremation, or removal.  Corked or Item 18 shows any injury, or other traumatic event, the	Conditions, if or gove rise to it couse (0), sto underlying cou	mmediate DUE TO, OR AS A CONSEC	QUENCE OF		GIVEN IN PART 1(0)
VITAL RECOPTION IN: The law re hysician. Incote has been ranking permit. Hygiene prior 118 shows any ill.	190. DATE OF OPER	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ON OF VITAL  IYSICIAN, Th  ding physicia  is certificate b  burial-transit  Mental Hygie  or tem 18 sho	21a. ACCIDENT WAS U OR CONTRIBUTING  (IF EITHER, NOTIFY ME 21d. INJURY OCCU	CAUSE OF DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
DIVISION DING PHYS or ottendir e.e. os the bu	E WHILE   NOT	JRRED  21 PLACE OF INLERY 141 HOME, SHIELT LAFTOR, OHI	211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDI ospital or ECTOR: A defor use of for use of Heal	sow the decer	(1) (this hospital) attended the deceased fro osed alive an		, to	, 19, that (I) (we) lost hour and from the causes stated 22c. DATE SIGNED
4 0 0 ±			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
HOSPH ned by FUNER old be of the St	22d. PHYSICIAN'S I	NAME (TYPE OR PRINT)  NAKHUAA	270 ADDRESS Stella Waris	Herbee Ollanes V	AUT-180 2204
De De A	23a. BURIAL, CREMATION Bu	N, REMOVAL   23b. DATE   2.   2.	PAIKWOOD CAMETERY	Balto.	county Md.
DHMH- 16 30M 2/80 (VRA 15, 4)	FUNERAL DECIDE	munek Funeral Hor Brehms Lane, Ba	ne, Inc. 250. DA Ito. Md. 21213	TE REC'D. BY REGISTRAR 256. REC	ISTRAM SIGNATURE

STATE OF MARYLAND



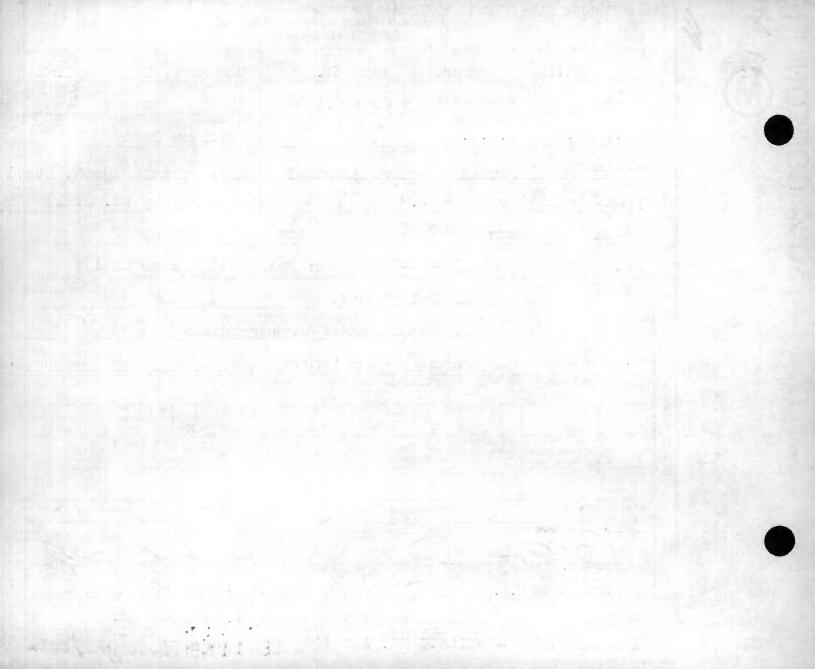
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Items #14&13c Film G562 12/15/81 restate of Maryland

- STATE

REGISTRAR



	STA	TE	OF	M	ARYL	AND	
DEPARTMENT	OF	HE	AL'	TH	AND	MENT	1

AL HYGIENE

REGISTRAR				CENTIL	ICATE OF DEATH	REG. N	0		
1. DECEASED NAME	FIRST		MIDDLE	1	AST			AY YEAR	26 HOUR
(TYPE OR PRINT)	Elliott	t	S	WANL	ESS	December	21, 19	81	1:40pm
3. SEX		RACE		5. DATE C		6. AGE LIN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
Male		White		June	e 12° 1916°	65	YRS.	ONIHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE O		b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
West Virgin	ia	USA		WIDOWE		Baltimore	Count	y	MC
10. CITY OR TOWN OF DE					OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON		F BUSINESS OR
Rossville 2			in Sq. H	_	al	Bartender	PF WORKING LIFE	Tave	rn
130 STATE	13b COUNT	imore	13 Middle		13d. INSIDE CITY LIMITS?	13e STREEL ADDRESS.	ley's	Quarte	rs Rd.
14 FATHER'S NAME	anvill	eWanle	ess LAST		15. MOTHER'S MAIDEN NAM	Burkhammer		LAS	21220
160 WAS DECEASED EVE		AED FORCES?  YAR OR DATES!	236 03 6		Cora Wanles:	s, Wife S	ame		
Conditions, if an gave rise to in cause (a), stort underlying caus	mediate ing the se last	DUE TO, O	R AS A CONSEQUE	NCE OF	sease, Pyrifo	inal disease or coni	DITION GIVE	N IN PART 1(c	
○ Congest:					sclerotic Card	And the second s			
Congest: 190 DATE OF OPERA 210. ACCIDENT WAS UP	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
OR CONTRIBUTING (IF EITHER NOTIFY MED)	CAUSE OF DEAT DICAL EXAMINER) RRED	P. 21e. PLACE	M. MONTH DA	19	216. HOW INJURY OCCURE 211 LOCATION STREET				NO .
220. I certify that is saw the decea above, X (we) 22b. SIGNATURE	K (this hospite sed alive on (did) (did ox)	Decemb	e deceased from 8 er 21 19 8 after death.	, or	nd that in (m🌠 (our) opinion (	, toDecembe death accurred on the do	,	and from the	
	1	Par	han			MEDICAL STAF	F IAN 🔲	220 DATE	2/21/2
Nacom Co	1				220 ADDRESS	Canama Dw	Dolle	, IMD	21237
Naeem Ga:		23b. DATE	[22. h	IAME OF C	9000 Franklin	1 Square Dr.	Dalic	o., MD	41431
Burial	, KEMOVAL	12/24	/81 Ho	olly I	Hill Memorial	Gardens I	Baltim	Fer Co.	, MdATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If frem 21 is

FOR - STATE

Old Eastern Ave. DEC 22 Funeral

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	and site and	100 S488 E9		on .	31

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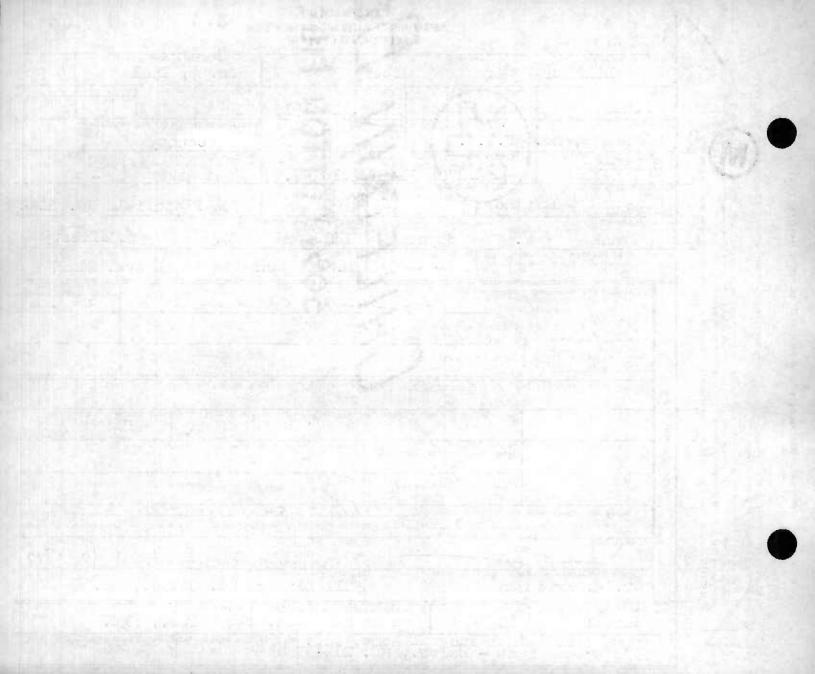
STATE OF MARYLAND

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1 - STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) Lillian	May	Weber	Dec. 4, 19	981 PM 4 PM M
Female	4.RACE Caucasian	5. DATE OF BIRTH OCT. 28 1910	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Po. BIRTHPLACE (STATE OR FOREIGN Baltimore, Md		MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	Baltimore city or col	UNITY OF DEATH  MD.
Baltimore  Bultimore	Home - 2704 P	lainfield Rd.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Home make)	
Maryland Ba.	Itimore Balto			field Rd. 21222
Frank  160 WAS DECEASED EVER IN U.S. AI	W. Bayne  RMED FORCES? 166 SOCIAL SECU	es Lillian	May	McGafferty
	VE WAR OR DATES) 214-54-	-5503 Thelma Ta	nzella 4 4th	Ave. 21227
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER/	20a AUTOPSY? 20b.	N GIVEN IN PART 1(0)  IF YES, WERE FINDINGS USED  CERTIFYING CAUSES OF DEATH?
	HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITE	YES NO NO MIS PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DE CHE EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE
sow the deceased alive or	or or other ded the deceased from _ 19_0t) view the body after death.	, and that in (my) (aur) apinion DEGREE	death occurred on the date on	7, 19, that (I) (we) last d haur and from the causes stated  22c. DATE SIGNED  (2/57 87
27d PHYSICIAN'S NAME (TYPE Dr. M. Frie	edman	5211 Harfo	rd Rd. Balto	
230 BURIAL, CREMATION, REMOVAL (SPE Burial	12/8/81 G	NAME OF CEMETERY OR CREMATORY ardens of Fait?	1//	Marin State
3331 Brehms	munek Funeral Lane - Balto.	Home, 21213 15 DE	TERESO. BY REGISTRAR 256 RE	GETTANG MENTERS

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



IN ST., BALTIMORE, MARYLAND 21201
201 W. PRESTO
DIVISION OF VITAL RECORDS,

1	10		tem 7a g562 12/19 FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 3	1121
()	4)	(TYP)	CEASED NAME CHAPLES	MIDDLE	Wehrer	20 DATE OF DEATH MONTH DA	9-81 980 AM
1.	12 of	3 SE	nale	white	S. DATE OF BIRTH		DNTHS DAYS HOURS MIN.
eom. Po	in 72 lo	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U.S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Patto. Co.	DF DEATH MD.
s ofter d	oy the fulled with	10 C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN LIF NOT INSUCH FACILITY, GIVE STREET	ADDRESSI	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
24 hour	must be	13e.	AL RESIDENCE (IF NURSING HOME OR OTT STATE 13b COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE		13. STREET ADDRESS	and Orice
d within	ond 2 sho	II. F.	ATHER'S NAME FIRST MIDE	DIE WEHNE	15. MOTHER'S MAIDEN NA	AME MIDDLE	VY NAST LIVAN
execute	Poges I of		VAS DECEASED EVER IN U.S. ARME res, no or unknown) (IF yes, give wa		RITY NO. 17 INFORMANT	ADDRESS ADDRESS	FORD DA
ficote be	g physician on papers. I emavol event, the n		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y. Rands	prespiratory Co	llage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
soth cert	e corb on, or r		H912 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF BOOK	and Endrana	30 years
hot the d	by the of ose remov I, cremation other tra		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE		3	0
equires 1	Then pled to burio	NO	PART 2 OTHER SIGNIFICANT CON	ADITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GIVE	V IN PART No
he low r	permit ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION OR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
ICIAN: T	certificate hard-transit lental Hygiei Hem 18 share		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
G PHYS	After this cost he bur thond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN Pital or	TOR: After use of Health		220. certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) v	November 28, 19	November 33, 19 61	death occurred on the date and hour of	, mor (i) (we) lost
AL OR ATTI	AL DIREC detoched ote Dept.		The SIGNATURE	(Lew the good offer death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	Nov. 19, LAT
O HOSPITA	FUNE old be h the Si		22d. PHYSICIAN'S NAME (TYPE OR PR	(Perri	333 Harl	lem Lone, Cator	soille
ρ ễ BP.	Ode M	23o.	BURIAL, CREMATION, REMOVAL	12/2/8/ C	NAME OF CEMETERY OR CREMATORY	23d. LOCATION HOTOA	in Mp
	MH-16 20M A 15, 4) 7/78	21.7	UNERAL DIRECTOR NAME FRER EUNERAL	HAME EDMA	53/1 250. DA	TE REC'D. BY REGISTRAR 236. REGISTRA	Van I lauren
		H	ENGLISH TO THE PARTY OF THE PAR	Harries Labor			



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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

injury, ar other troumatic event, th

MPORTANT: If Hem 21 is morked or Item 18 shows ony

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE B 1.	<b>5</b>	1	1 2 2
	CEASED NAME	FIRST	٨	AIDOLE	i	AST	20 DATE OF DEATH	MONTH [	DAY YEAR	26 HOUR
(1172	E OR PRINT)	TEL	LE	a	IEII	VBERG	DEY	15	8/	11-MAM
3 SE	X		1 RACE	251AN	5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER I YEA	
1	FEMALE		FEM	VLE-	JU	LY 15, 1897	Sxx 8		NONTHS. DAY	5 HOURS MIN.
	IRTHPLACE (STATE OF F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAAAAAAA	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	VIRGINIA		USA	4	WIDOWE		BALTIM	ORE CO	UNTY	MD.
	RANDALLSTO		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	EN. HOSP.	120 USUAL OCCUPAT {TYPE OF WORK FOR MOST HOUSEW	OF WORKING LIFE	INDUSTR	OF BUSINESS OR Y
ยรบ	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)			APT		
	MARYLAND	136 COUN	LTO.	BALTIMO		YES NOTE CITY LIMITS?	13e. STREET ADDRESS 7230 PAR			21208
14 F	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			AST
	MYER			GLIC		RACHEL			WEINBE	RG
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT RA	YMOND WEADN		APT.	204
	NO					111 HAMLET H	IILL RD.	BALTO.	-	21210 DXIMATE INTERVAL N ONSET AND DEATH
N	Conditions, if any, gave rise to imm couse (ol., stofin underlying cause	which nediate g the last.	(c)	R AS A CONSEQUE	NCE OF	SELLICE IN SECULOR	ACCA COL	ent dition give	EN IN PART	Ita
CERTIFICATION	190. DATE OF OPERAT	10N	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF		DINGS USED ES OF DEATH?
MEDICAL CER	210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	in .	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	ART I OR PART 2)	
MED	21d INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	ILE 🗀	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR Y	NWC	COUNTY	STATE
	22a.l certify that (1) sow the decease above, (1) (we) (d	d olive on		19	, an	d that in (my) (aur) opinion	death occurred an the c			e, that (1) (we) last ne causes stated
	226. SIGNATURE	ME (TYPE O	7 A	Peder	100	ATTENDING PHYSICIAN [	MEDICAL STA DIRECTOR PHYSI	FF CIAN D	22L DAT	15/81
	HAFEE	2	A 3;	YEDM.		BALTIMURE	COUNT	7 GE	EX/X	1030.
	BURIAL, CREMATION,	REMOVAL	DEC 1			EMETERY OR CREMATORY FRIENDSHIP	23d LOCATION	MORE	COUNTY N	MARYLAND

21215

DHMH - 16 50M 1/81 (VRA 15, 4)

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6010 REISTERSTOWN RD.

24 FUNERAL DIRECTOR

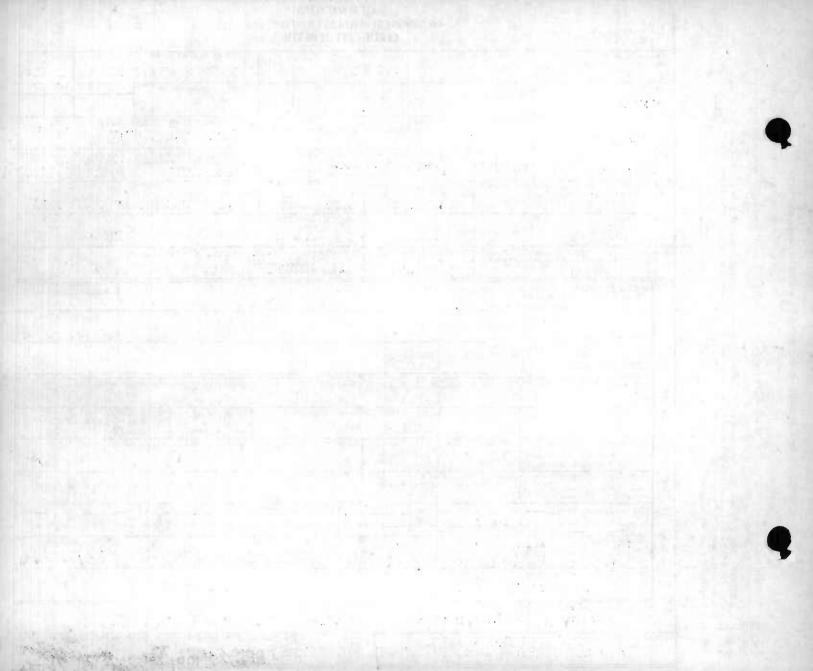
LEVINSON &

DN & BROS.,
BALTO., MD

etained by the haspital or attending physicion.

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SECTION SETTING



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STATE OF MARYLAND	5"3	1	4.7	-1	9	0.4
EPARTMENT OF HEALTH AND MENTAL HYGIENE	O		J		1	Comme
CERTIFICATE OF DEATH		PEG NO				

N/		REGISTRAR	Ch	KITFICATE OF DEATH	REG. NO.	
4		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
	(1117		ANNE M	PERIZ	Dec 1	9 1981 M
	3. SE			ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		7	W	Nov 2 1897	84 YRS.	MONTHS DATS MONTH
nce.	7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
0		FRANCE		DOWED DIVORCED	DALIIM	ore Co. MD.
	10. C	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	416 - 1 1 1	120 USUAL OCCUPATION (TYPEO WORK FOR WORT OF WORKING LII	12b. KIND OF BUSINESS OR INDUSTRY
	41811	ARRVILLE	0317 020	MARtord Rd	House Reeper	AT Home
36	130.	AL RESIDENCE (IF NURSING HOME OR STATE 13bB UN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI	, ILS [] NO M	13e. STREET ADDRESS	Le Ave
3	14. FA	EUTENP A	MIDDLE Gove	15. MOTHER'S MAIDEN NA	MIDDLE	Petit Pas
тефисо		WAS DECLASED EVER IN U.S. AR (YES, 190 GR SINKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY  WAR OR DATES)		mily Reco	edi
, the		18 CAUSE OF DEATH (Enter on	ily one cause per line for (a), (b), and (c)		- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve		PART I. DEATH WAS CAUSE IMMEDIAT	D BY: TE CAUSE (0) Canas	no matosis		
otic		1790	DUE TO, OR AS A CONSEQUENCE	OF	. 1	THE RESERVE THE PARTY OF THE PA
0		Conditions, if ony, which gove rise to immediate	( 16) Pholoali	le Car l	verus.	
her	-1	couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE	OF		
or oth			(c)			
lury,	z	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	nnal disease or condition giv	/EN IN PART 1(0)
h h	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED		S, WERE FINDINGS USED
SMO	THE					YING CAUSES OF DEATH?
8 Z	CER	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE PARTY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
le d	CAL	OR CONTRIBUTING CAUSE OF DEA	NITH I	19		
10	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	211 LOCATION	CITY OR TOWN	COUNTY STATE
X e	>	AT WORK NOT WHILE	(Arrivalle, oritice, Falling			
IS THE			tellhottended the deceased from	6/12/ 19/8/		19, that (1) [we] lost
7 4			1) view the body ofter death.		death occurred on the date and hou	
=	70	22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
ž		22d PHYSICIAN'S NAME LITTE	pleaunte	PHYSICIAN PHYSICIAN 272 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	12/21/01.
MPORTANT.		DONAL	H. Sherhourne	MJ 9000 7	- 1/ 0 0	ive
_	23a.	BURIAL CREMATION, REMOVAL (SPECEY) Combined	12/22/81 MOR	ELAND MEMORIA	23d. LOCATION LIVER BALIS	COUNTY ML STATE
81	24 F	UNERAL DIRECTOR	1 Chappen I		TE REC'D. BY REGISTRAR 25b. REGIST	TRANS SIGNATURE
	E	VANS TUNERAL G	RAPEL OSDO HARY	bed Re DE	U22 1981 Carre	to the Rules

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etoined by the hospital or ottending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the othernding physicion and completely filled should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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	1	STATE REGISTRAR			FICATE OF DEATH	REG. NO.	
m 5		CEASED NAME FIRST	MIDE	DLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
depth depth		ALFRE	DA	W	2.5 T	DICEMBER	4 1981 2:21
tero	3. SE		4 RACE	5 DATE (		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
Ser /	F	STAME	WHIT	100	RKH 27 1981	60 YRS	MONTHS DAYS HOURS MIN.
32 10	a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
15/100		EST. Va.	U.S. A	WIDOW		BALTIMORE	COUNTY M
Con .	10 C	TY OR TOWN OF DEATH		SPITAL, NURSING HOME ( CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OF
MY DO		ARKVILLE	7918 P	PTC. BILL	SIDGE ROOD	Clothing	5 A 1-15
200	U5U. 13a. S	AL RESIDENCE (IF NURSING HOME OF		E RESIDENCE BEFORE ADMISSION)	138 INSIDE CITY LIMITS2	13e STREET ADDRESS	
単 まりり	1		LTO.	PARKVILLE	YES NO NO	7918 APTC	BELRIOGE R
10 11-2	14. FA	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LACT
PICESO	G	RIAN		Line, SR.	LORA	Middle	WALLAGE
1 de 1		AS DECEASED EVER IN U.S. AR	MED FORCES? 161	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
8 9	1	10	- a	35547844	FAMILY	RELORDS	
rsice oper ool.		18 CAUSE OF DEATH (Enter or	nly one couse per line	far (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph)		PART I. DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (o)	-	ESPIRATO.	Ry ARREST	
orbo orbo or n	-0.1	1659		S A CONSEQUENCE OF	UBSTRUCTED	BRONZHUS AN	
otter bye tion, bum	36	Canditians, if any, which	(b)_	1	ALICNANT PLE	URAL GFUSION	ONE MONI
the remo	7	gave rise to immediate couse (a), stating the	DUE TO OR AS	S A CONSEQUENCE OF	100 11	0	1 10000
by spose		underlying couse lost	(c)		OAFCELL	CARCINOMS, LUNG	1 TEASS
signed sen ple buria ury, ar	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION G	IVEN IN PART 110
nit. Th	CERTIFICATION	190 DATE OF OPERATION	19h CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED
hos	IFIC		A L			IN CERT	IFYING CAUSES OF DEATH?
inficate   I-transit al Hygie n 18 sha	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN	NJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	YES NO
certificate riol-transi ental Hygi Item 18 sh		OR CONTRIBUTING CAUSE OF DEA	1111	MONTH DAY YEAR		TENTER MAIDRE OF HAJORT HATTEM TO	TART TORPART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	IN HURY	21f LOCATION		
Mer He	LLJ	WHILE NOT WHILE		FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
ST A	Z	AT WORK AT WORK					
After this ce e as the buri bith and Mer marked ar Ite	W		1 - 1 b-b-w- (1-1		GNG6018. 81	DECKNERE	
After these seas the solth one morked	W	22a.1 certify that (1) (this haspi			GNSGR Z3 19 81	death accurred as the data and he	
se as the salth and marked	W	22a.1 certify that (1) (this haspi sow the deceased officer above (1) we) (did 164 d no		672 ) 19 8 1 , o	nd that in (my) (our) opinian	, ta	our and fram the causes stated
DIRECTOR: After the cocked for use as the cocked for use as the Dept. of Health and If Item 21 is marked	W	22a.1 certify that (1) (this haspi		672 ) 19 8 1 , o	DEGREE  ATTENDING	death occurred on the date and ho	
DIRECTOR: After the control of the open of Health and Health and Health and Hem 21 is marked	W	22a.1 certify that (I) this haspi sow the deceased of the man above (I) we I did hard in 22b. SIGNATURE	View the body ofte	672 ) 19 8 1 , o	nd that in (my) (our) opinian DEGREE ATTENDING PHYSICIAN	death occurred on the date and ho	our and fram the causes stated
DIRECTOR: After the cocked for use as the cocked for use as the Dept. of Health and If Item 21 is marked	W	22a.1 certify that (1) (this haspi sow the deceased officer above (1) we) (did 164 d no	View the body ofte	672 ) 19 8 1 , o	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	death occurred on the date and ho	our and fram the causes stated
DIRECTOR: After the cocked for use as the cocked for use as the Dept. of Health and If Item 21 is marked		22a. I certify that (I) this haspit sow the deceased allowed the deceased the deceas	view the body ofte	erZ 19 81, o	nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN 22e. ADDRESS  23 30071	MEDICAL STAFF DIRECTOR PHYSICIAN	our and fram the causes stated
TO FUNERAL DIRECTOR: After the should be cleached for use as the with the State Dept. of Health and IMPORTANT: If them 21 is marked	23a. 8	22a.1 certify that (I) this haspi sow the deceased of the man above (I) we I did hard in 22b. SIGNATURE	view the body ofte	erZ 19 81, o	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	death occurred on the date and ho	
he haspital ar atter DIRECTOR: After th toched for use as the Dept. of Health and If them 21 is marked	230. 8	22a. I certify that (I) this haspi sow the deceased of the doorse I) well did hard no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C	view the body ofte	erZ 19 81, o	DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS  DEMETERY OF CREMATORY  ALLY LSM.	MEDICAL STAFF DIRECTOR PHYSICIAN	272. DATE SIGNED 12/7/8/ RSST  COUNTY CLARTLAN

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		FOR		DED A DYA		E OF MARYLAND EALTH AND MENTAL HYO	neme Q I	7	1 1	3 6
	1.	STATE REGISTRAR		DEPART		ICATE OF DEATH		U	4 6	5
		CEASED NAME FIRST		MIDDLE		AST	REG. No.	_	DAY YEAR	2h HOUR
		ET	NA	F	WEST	1		12-	29-81	5:56am
1	3 SE		4 RACE		5 DATE (		6. AGE (INYEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
)		Female	Whi	te	9	2 1892	89	YRS		Mile.
10	7a B	IRTHPLACE (STATE OR FOREIGN Md.	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C			MD.
58	10 C	TOWSON	(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKE	ON OF WORKING LIF	12b. KIND C	F BUSINESS OR
74	USU 13a. S	AL RESIDENCE (IF NURSING HOME STATE Md. 136 CO Ba	OR OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		eigh R	d.
30	14 F/	ATHER'S NAME FIRST Henry	MIDDLE	Krumm		15. MOTHER'S MAIDEN NA Bettie			Schmid	
T		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU 213 01 0		Wm. M. Wes	ADDRE S	ss ame	Eille	
	NO	DUE TO, OR AS A CON Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  OTHER SIGNIFICANT CONTRIBUTIONS  OTHE			NCE OF	OT RELATED TO THE TERM	ate Cusho	colan	disea	se se
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOW	IN CERTIF	, WERE FINDIN YING CAUSES	
9	VEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURTED)	DEATH HOUR A	M. MONTH DA	YEAR 19	21c. HOW INJURY OCCUR				
	WE	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE F	12-	STREET 81	12-29	WN	COUNTY	STATE
		22a 1 certify thoral) (this has saw the deceased alive a above, (by we) (did) (dyc)	n 12-2	19 8	31, ar	nd that in ( <b>X</b> y) (our) opinion	, to	ote and have	and from the	
		Walter 1224 PHYSICIAN'S NAME (TYPE	nn	elant	- M		MEDICAL STAI		220 DATE	29/21
1		Walter R		t, M.D.		7620 YORK	ROAD TOWSO	N MD 2	1204	.//
		BURIAL, CREMATION, REMOVA	AL 23b. DATE	23 <sub>E</sub> . N		emetery or crematory ood Cemetery	23d LOCATION CITY OR TOWN Parkvi		Balto	STATE Md
	24 FI	UNERAL DIRECTOR					E REC'D. BY REGISTRAR			

OHMH-16 50M 1/B1 (VRA 15, 4) Mitchell-Wiedefeld Home 6500 York Rd.

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		W)	dar pare
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after the retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in such that the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Deat, of Health and Mental Hygiene prior to buriol, cremation, arremoval.	IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumatic event, the medical examine (must be cert to district events).
	T e	F 50 3	5

	1		FOR STATE REGISTRAR		STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
. ne /	3		CEASED NAME FIRST	ets J.	LAST	2a. DATE OF DEATH MONTH DAY YEAR 2b. HOUR 12 05 81 3 A
5 886	1		FRANC	7 24 107	WHALEN	
Der SE	4	3. SE:		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  B UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
			ALE RTHPLACE (STATE OR FOREIGN	CAUCASIAN	10 01 1090	9 BALTIMORE CITY OR COUNTY OF DEATH
(M)	45	CÓ	NNECTICUT	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY MD.
1	00	R	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET  2026 FLINTSHI	RE RD. APT. 301	126. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING (IFE)  DRAFTSMAN  126. KIND OF BUSINESS OR INDUSTRY ENGIN.
_ 4 0	34	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN RYLAND BAL!	OTHER INSTITUTION, GIVE RESIDENCE BEFORE UTY  I 34 CITY OR TOWN  CIMORE ROSEDAL	N 13d INSIDE CITY HMITS?	13e SIREET ADDRESS 2026 FLINTSHIRE RD. APT.
ed within mpletely ond 2 sh	30	14 FA	THER'S NAME WILLIAM	WHALEN	15, MOTHER'S MAIDEN NAMBER TO BRIDGETT	
e execut	The medicol	- (,	VAS DECEASED EVER IN U.S. AR. (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 05903145		6225 GOLDEN RING RD.
s that the death certifical objects the attending physical cremation, ar remove	mory, or other troomdic event.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF	APPROXIMATE INTERVAL BETWEENONSET AND DEATH  WITH THE PROXIMATE INTERVAL BETWEENONSET AND DEATH  WITH THE PROXIMATE INTERVAL BETWEENONSET AND DEATH  WITH THE PROXIMATE INTERVAL BETWEEN AND DEATH  WITH THE PROXIMATE PR
low response	9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
PHYSICIAN: The ending physicion this certificate he buriol-tronsit pur Mental Hygien	9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA	21t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
The table	o Day o	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
TTEND pital o TOR: A far use of Heo	H SI 17		22a. I certify that (1) (this hospi	teth attended the deceased from 19	, ond that in (my) (see) opinion of	depth occurred on the date and hour and from the causes stated
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DHMH - 16 50M 7/77 (VR A 15 (4))		-	UNERAL PRECTOR WOLL	1211 Checano	25a. DAT	E REC'D. BY REGISTRAR 25b. REGIST AND THATUIT

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1.	FOR STATE REGISTRAR		DEP	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 3 1 2 8  CERTIFICATE OF DEATH  REG. NO.						
		CEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
	(IIII	OR PRINTS	JOHN	Μ.	WHEEL	_ER	December	17, 198	81	7:20p M	
	3 SEX	X	4. R	ACE	5 DATE OF B		6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS	
		m		W	2/1	3/05 YEAR	76	YRS	ONTHS DAYS	HOURS MIN.	
		RTHPLACE (STATE OR	FOREIGN 76 C	ITIZEN OF WHAT COUN		NEVER MARRIED	9. BALTIMORE CITY				
K	ø.	DHIO		USA	WIDOWED	DIVORCED	Baltimore	Count	У	MD.	
1		OSSVILLE		NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE FRANKL)	URSING HOME OR O		120 USUAL OCCUPAT		INDUSTRY	CRASTS	
5	13a. S	MD.	136 COUNTY	RINSTITUTION GIVE RESIDENCE 136. CITY OR MODE	ERIVER YE	INSIDE CITY LIMITS?	13e STREET ADDRESS	VAIL"	THORI	n	
		-	NK			MOTHER'S MAIDEN N. FIRST	UMIT		LAS	ī	
		VAS DECEASED EVER (ES, NO OR UNKNOWN)	(IF YES, GIVE WAR		SECURITY NO. 17 010494	THOMAS	WHEELE		ABO	VĒ	
	7	Conditions, if ony gove rise to im couse (o), stati underlying cause	mediote ng the e last	DUE TO, OR AS A CONS  (b) Arter 10  DUE TO, OR AS A CONS  (c) DITIONS CONTRIBUTING	EOUENCE OF				N IN PART 100	D	
MEDICAL CERTIFICATION	TIFICATION	19a. DATE OF OPERA	TION	196. CONDITION FOR W	ITION FOR WHICH OPERATION WAS PERFORMED				WERE FINDING CAUSES		
		21a ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF INJ				
	MEDI	21d. INJURY OCCUR	HILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OF	FIGE, FARM, ETC }	LOCATION	CITY OR TH	OWN	COUNTY	STATE	
				ecember 17 w the body after death		, , , , , , , , , , , , , , , , , , , ,	to December death occurred on the control of the co		-	that (we) last causes stated	
		P.A.	Balt	at si	) DEG	ATTENDING PHYSICIAN	MEDICAL STA	CIAN X	12 DATE	SIGNED - 17-81	
		22d. PHYSICIAN'S N				ADDRESS					
		6 YU Y	11701	A-BALTA	+T215	9000 Fr	anklin Squa	re Driv	IP 2123	17	
	23a B	URIAL, CREMATION,	REMOVAL 23	b DATE	230 NAME OF CEME	TERY OR CREMATORY	23d. LOCATION				

DHMH - 16 50M 1/81 (VRA 15, 4)

DEC 18, 1981 SECURITY PROCESS CATONS VALLE FAILTD JOB DEC 22, 1981 CAMES DEC 22, 1981 CAMES

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CERTIFICATE OF DEATH

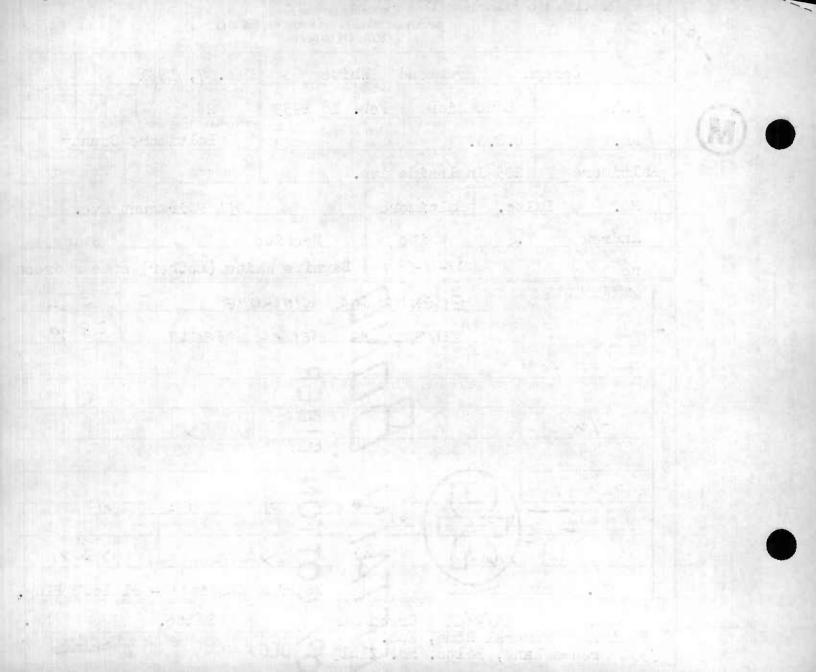
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3331 Brehms Lane, Balto. Md. 21213

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(VRA 15, 4)

REGISTRAR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) Wiegmann Marie F. December 17. I. SEX 4 RACE 5. DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY Female White Dec. 27, 1896 84 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto., Md. Baltimore County . 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION ITYHOURSE WIT OF WERKING LIFE Hollemaker Towson St. Joseph Hospital USUAL RESIDENCE (IF NURSING HO OF DIHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13. 6TREN ADD Ellwood Avenue Balltimore 13d. INSIDE CITY LIMITS? Md. NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Joseph Wolter 17. INFORMANT 6 N. Ellwaderds Ave. -Balto., 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) Mr. Martin J. Sporney, Sr. Md. 21224 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY: Kidney shutdown IMMEDIATE CAUSE (o)\_ PRESTON ST DUE TO, OR AS A CONSEQUENCE OF secondary to profuse gastrointestinal bleeding, Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse fost possibly secondary to malignancy. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? he buriol-tronsit pend Mental Hygiene YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STATE WHILE NOT WHILE 22a.1 certify that X (this haspital) attended the deceased from saw the deceased alive on 12-17 19 81 11-28 and that in (our) opinion death occurred on the date and hour and from the causes stated obove, 🕱 (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED be deto e Stote [ DIRECTOR PHYSICIAN MPORTANT: 27d PHYSICIAN'S NAME (TYPE OF PRINT) id b 7620 York Rd. Towson, Maryland Rashad Rashid, M.D. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus- Balto., "Mid. Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 3000 E. Baltimore Stooress (VRA 15, 4)

Indiana man Shariff has to the second of the second with direct as of mining a street do no

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-FILES. 10 81 GEORGE WILLIAMS 12 A. DEATH MATED 3. SEX 4. RACE . DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE MONTH 63 PRTHDAY) PRONOUNCED 28 112 1981 DEAD male negro TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Tenn USA Baltimore County DIVORCED 2, AND 3 TO THE B. RETAIN PAGE SHOULD BE FILED AL RECORDS, 201 IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 LISUAL OCCUPATION CTYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFET Baltimore 424 Main St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13b. COUNT Baltimore 2 St 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lula MIDDLE Roberts Frank Williams L. CREMATION, OR REMOVAL. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 409-10-7797 Flavia Rutkosky 127 S. Barnard St. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Perforating gunshot wound of head (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost CHIEF MEDICAL I USED AS A BUR OF HEALTH AND PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES K NO [ 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR KOR UNDERLYING MEDICAL Subject shot. PM 12-7-CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e, PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN Balto. Md. 424 Main St. home 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian HomicideXX Undetermined monner death resulted fram: Notural causes Accident Suicide TITLE (SPECIFY) ACTUAL SIGNATURE SIGNED 12-8-81 M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St Ann M. Dixon. (TYPE OR PRINT) ADDRESS. 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Cremation Baltimore 12/10/81 Co. MD Westview Mem BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRARS SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. C. March F/H (VR A15 ME (5)

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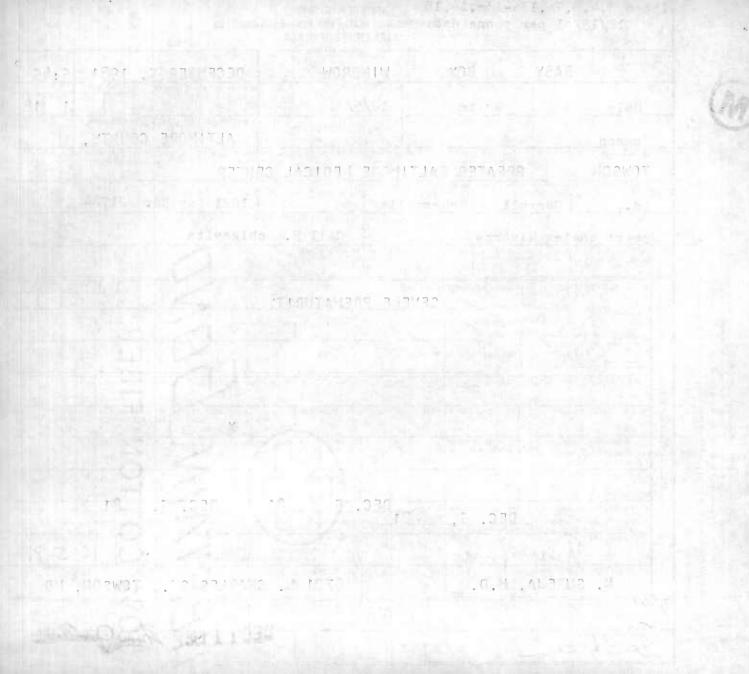
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	I DE	REGISTRAR CEASED NAME FIRST	r phone dadeparts	CERTIFICATE OF DEATH	REG. NO.	YEAR Zb. HOUR		
		OR PRINT) BABY	BOY	WIMBROW		981 5:45 P		
	3. SE	X 4	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF U	UNDER 1 YEAR IF UNDER 24 HRS		
	Ja: 0	Male RTHPLACE (STATE OR FOREIGN 7	White 76 CITIZEN OF WHAT COUNTRY?	12/5/81 YEAR	YRS 9 BALTIMORE CITY OR COUNTY OF	1 18		
33	TOWSON TOWSON			MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY, M			
56			1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  GREATER BALTIMORE MEDICAL		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
35	USU.	AL RESIDENCE (IF NURS STATE 134 COUNT Md. Carr		N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1021 Day Rd. 2	1784		
		ATHER'S NAME PIRST Whaley W	AIDDLE LAST		Gail R. Schikevitz			
2	160 V	VAS DECEASED EVER IN U.S. ARM			ADDRESS	E		
	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION		NCE OF	IN CERTIFYIN	/ERE FINDINGS USED IG CAUSES OF DEATH?		
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCU	YEX NO YES [  JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART			
9	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, F.	211 LOCATION STREET	CITY OR FOWN	COUNTY STATE		
21 is marked		220.1 certify that (1) (this hospitor saw the deceased alive an abave, (1) (we) idid, (did nat)		DEC'. 5 , 19 81, and that in (my) (aur) apinio	, ta DEC. 5 , 19 on death accurred an the date and hour ar	81, that (I) (we) last and fram the couses stated		
h-		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X  12-5-						
ZT: # frem			reading .	22e ADDRESS				
IMPORTANT: If then		N. SUREJA	1, M.D.	6701 N.	CHARLES ST., TO	WSON, MD		
IMPORTANT: If then	13/19	N. SUREJA	1, M.D.	6701 N.  JAME OF CEMETERY OR CREMATORY  BMC	Y 23d. LOCATION	NSON, MD		

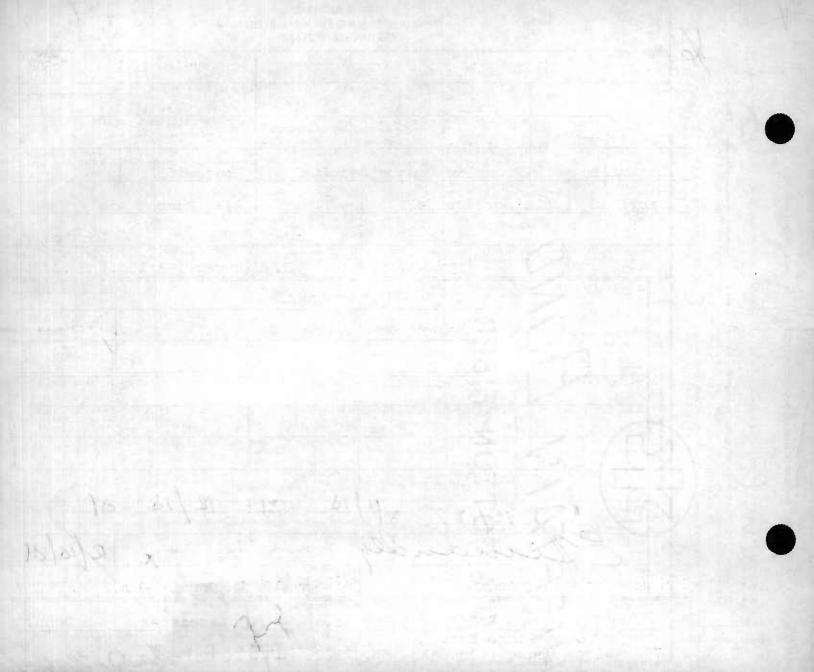


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DHMH - 16 50M 1/81 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH EVER CHERRISIS Matilda Witmyer December 18, 1981 M. IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE 3430 Dunran Road Schwartz ADDRES6766 Woodley Rd. Balto., MD. 21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinian death accurred an the date and hour and fram the causes stated 77c DATE 9000 Franklin Sq. Drive, Balto., COUNTY STATE Burial 12/22/81 Cedar Lawn Lancaster Penn. 24 FUNERAL DIRECTO Duda-Ruck, Inc. ADDRESS 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 7922 Wise Avenue Dundalk, MD. 21222

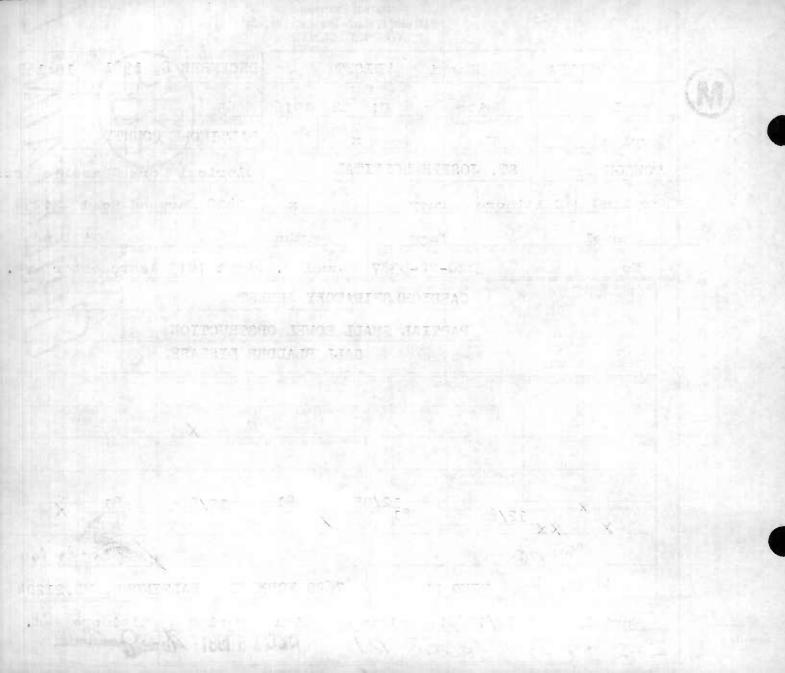


Charles Poberta Poberta Hallings County, Tons Homeston Crear Tenn Toron and Jens to all 3/20/ .9 ----221-4-4-7-71 Modde collecton For Covend Lye. 21218 Errial Co.O. 1931 Louden Eagle Cartery Soltinora, Va. 

Item 7a g563 1/19/82

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FOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ROBERT JOS. WYATT December 3rd, 1981 2:30 P. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR (Ret) Md. Sate Employee 1501 Pentridge Rd. LAST Mr.Maurice R. Wyatt-7-Bertwell Ct. 21093 MYOCARDIAL INFAFOTION SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY STATE A and that in (my) (our) opinion deoth accurred on the dote and hour and from the causes stated 22c. DATE SIGNED STATE Mitchell-Wiedefeld Home-6500 York Rd. 21212

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STATE OF MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4) 1/79

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